

March 24, 2015

Dept. of Environmental Quality
Tidewater Regional Office
Attn: Mr. Carl Thomas
5636 Southern Boulevard
Virginia Beach, VA 23462

SUBJECT: LYON SHIPYARD PERMIT APPLICATION RENEWAL VA0092495

Mr. Thomas,

Attached to this letter is the permit application for the reissuance of VA0092495. Lyon Shipyard has had much success over the last five years under its current permit by the continuous reduction in Total Suspended Solids. The reduction is primarily due to the improvements to the facility from paving, in which approximately 90 percent of the yard is now paved. Furthermore, a 1800 sqft roofed containment area has been constructed for the temporary storage of 55 gallon drums, replacing the existing containment area located next to the river.

Collection of 100 percent of process water on the dry-dock (outfall 001) has occurred within the current permit cycle. The collection has taken away the need for treatment devices to discharge to surface waters. The current process is that a grated trap located at the bow of the vessel collects process water due to the intentional lean of the vessel. Once in the trap, a pump with an automatic float switch pumps the process water via pipes into a 10,000 gallon tank located on shore. The tank is then emptied by a contractor and hauled off site for disposal. It is Lyon Shipyard's intent to continue this process in the reissuance of the permit.

Considerations in the permit application consist of the following:

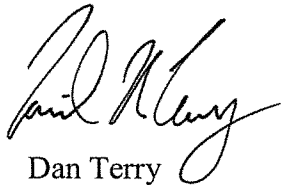
1. For outfalls 014, 015, and 016 defined as pressure relief discharges in the current permit are on the forms 2E. We respectfully request a waiver for no sampling. The devices used are for fire fighting and testing uses only. The source of water is drawn from the receiving stream with no chemical additions.

2. For outfalls 002, 003, 004 defined as process wastewaters from vessel inspection, repair and maintenance in the current permit are on form 2C. Outfall 003 is now considered paved. All outfalls share the similar process in how process water is generated by means of water blasting, and by the type of vessels being worked on. Due to the similarity I used samples in Section V (BOD, COD, TOC , NH3, Total Cu, and Total Zn) from outfall 003 as a representative sample for outfalls 002 and 004. The only difference will be TSS, Flow, Temp, pH, which will have long term average values based upon the outfall. (Spreadsheets and sample data are attached to form 2C)
3. For outfall 901, defined as storm water runoff from the dry-dock found on form 2F. Lyon Shipyard received lab data of the BOD sample taken for this application. The concentration for BOD exceeded the expected and comparative range, and do not feel at this time that it fully represents the outfall. We are resampling at our earliest opportunity. The concentration is in the application for your viewing.
4. Outfalls 902,903,904; defined as storm water runoffs from regulated activities in the current permit are located on form 2F. All outfalls share the similar industrial processes, and by the type of vessels being worked on. Due to the similarity I used samples in Section VII (Oil and Grease,BOD,COD,TN, and TP) from outfall 902 as a represented sample for outfalls 903 and 904. The only difference will be TSS, pH, dissolved Cu, and dissolved Zn, which will have long term average values based upon the outfall. (Spreadsheets and sample data are attached to form 2F)
5. Outfalls 006,009,011; defined as storm water runoffs from regulated activities in the current permit are located on form 2F. . All outfalls share the similar industrial processes as being general yard outfalls. Due to the similarity I used samples in Section VII (Oil and Grease, BOD, COD, TN, and TP) from outfall 006 as a represented sample for outfalls 009 and 011. The only difference will be TSS, pH, dissolved Cu, and dissolved Zn, which will have long term average values based upon the outfall. (Spreadsheets and sample data are attached to form 2F)
6. I request that 004 process water sampling and 011 storm water sampling be excluded from the new permit.
 - a. Outfall 011 is a burdensome sample as it requires plastic sheeting over a storm drain to halt flow and collect a sample. Little sample can be collected within a reasonable time frame and with the potential addition of nutrient monitoring I

foresee this outfall being problematic. The outfall collects rainwater from 52,775 sq foot but instantaneous flow is primarily dominated by downspouts from rooftops.

- b. Outfall 004 is a burdensome sample as well due to the constructed materials of the deck. It is with best effort that a representative sample is obtained; however, a truly representative sample is best obtained from another outfall in which industrial processes are the same.

In conclusion, Lyon Shipyard will continue to search technological advances and improvements in BMPS for a better environment.



Dan Terry

dterry@lyonshipyard.com
office-(757)622-4661 ext. 472
Cell-(757)323-2599

CC. Mr. Tom Beacham

Thomas, Carl (DEQ)

From: Daniel Terry [dterry@lyonshipyard.com]
Sent: Wednesday, December 30, 2015 10:43 AM
To: Thomas, Carl (DEQ)
Cc: tbea835062@aol.com
Subject: Permit Application Questions and Responses
Attachments: Thomas_Letter_Dec15.pdf; Attachments.pdf

Mr. Thomas,

Please see attached letter and attachments as response to your questions submitted on December 22 followed by an onsite visit.

Any questions or concerns please let me know.

Have a Happy New Year.

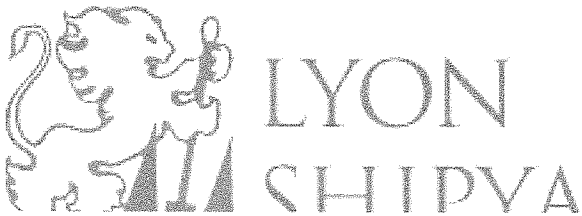
VR

Daniel N. Terry

Asst. Environmental Manager

Office: (757) 622-4661 ext. 472

Cell: (757) 323-2599 >><(((">





December 30, 2015

Dept. of Environmental Quality
Tidewater Regional Office
Attn: Mr. Carl D Thomas
5636 Southern Boulevard
Virginia Beach, VA 23462

SUBJECT: RE Reissuance of VDPES Permit

Mr. Thomas

The following is in response to questions you posed to Lyon shipyard in letter form on December 22, 2015 including an on site visit in which items were discussed.

In response to EPA form 2C, Part II.A. Attached is a drawing of Lyon Shipyard's Emergency fire suppression lines and pumps. We have two (2) sites in which water can be pumped from the Elizabeth River. The first site (Pump #1) is a 500 GPM pump which operates off of electricity. The second site (Pump #2) consists of a 300 GPM pump which is a diesel powered unit. This second site is only used in a complete electrical and water system failure, in which an emergency fire has taken place and electricity is interrupted, thus preventing the electrical pump to operate. The system is fully charged and pressurized at all times in case of an emergency. The system is used infrequently and serves as the shipyard's emergency fire fighting system. The total amount of time in which the system has operated for the year is approximately 25 hours for safety checks, freeze protection, and maintenance to ensure proper operation. The discharge points of the emergency fire main would be at the manifolds located at the quay walls, railways, piers, and dry-dock.

In response to EPA form 2C, Part II.A. Please see water balance drawing(s) attached for process waters occurring at Railways and Dry-dock.

In response to EPA form 2C, Part II.A. Sanitary wastewaters onsite are collected via pipes and pump station operated and maintained by HRSD. Sanitary wastewaters/ greywaters from vessels would be removed via a qualified pump and disposal company. A great percentage of vessels are not manned with a crew, so a continual waste stream is not generated. Manned vessels have access to onsite restroom facilities.

In response to EPA Form 2C, Part II. C. Process water from outfall 001 from dry dock #2 is 100 percent collected. Please see water balance drawing previously mentioned. The process water is generated from city sources within the dry dock. The water falls on the deck and runs forward on the port and starboard sides of the dry dock to a grate system that holds a pump system. The pump system is actuated by a float switch or manual selection to pump process water to an on shore 20,000 gallon holding tank. A contractor is available on an on call basis and routine visitation to remove process water and haul to permit destination.

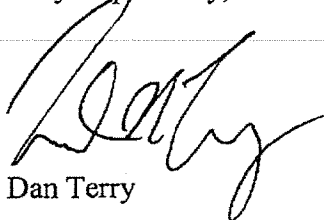
In response to EPA Form 2C, Part II. C.3 Values for outfalls 002, 003,004 were developed at specific averages within the questioned time frame. Please see attachment (Dockings for 2013 and 2014) for guidance. For example outfall 002 the average per year of vessels water washed in 2013 and 2014 was 16.5. This was taken from a total number of vessel washed (33) and divided into the years mentioned above. Days per week in which discharge occurs= $16.5 \text{ vessels} \times \text{average time to clean 1 vessel is one (1) day}$ which equals 16.5 vessels washed in 16.5 days divided by 52 weeks equals 0.317 or 0.32 days of washings per week. The same logic is used for months per year as well. This is logical as the number would be a fraction since less than 52 vessels were water washed within a given year at the outfall. Rounding to a whole number is acceptable if needed. Flow rates and volumes also indicated on (Dockings for 2013 and 2014) attachment. Assumptions based on onsite collected data are: 17,000 gallons per event was the average. The maximum is 30,000 gallons per event.

In response to EPA form 2C, Part VIII. Effluent samples for laboratory analysis were analyzed by Universal Laboratories 20 Research Drive Hampton, VA 23666. pH and Temperature analysis was completed by onsite personnel.

EPA Form 2D Lyon shipyard is expecting to receive a new dry dock at sometime during this upcoming permit cycle. The expected delivery date and date in which industrial activities will commence will be no later than the last day of the permit effective date.

Public Notice Authorization Form – Completion of the public notice authorization form will be considered once the draft permit is received.

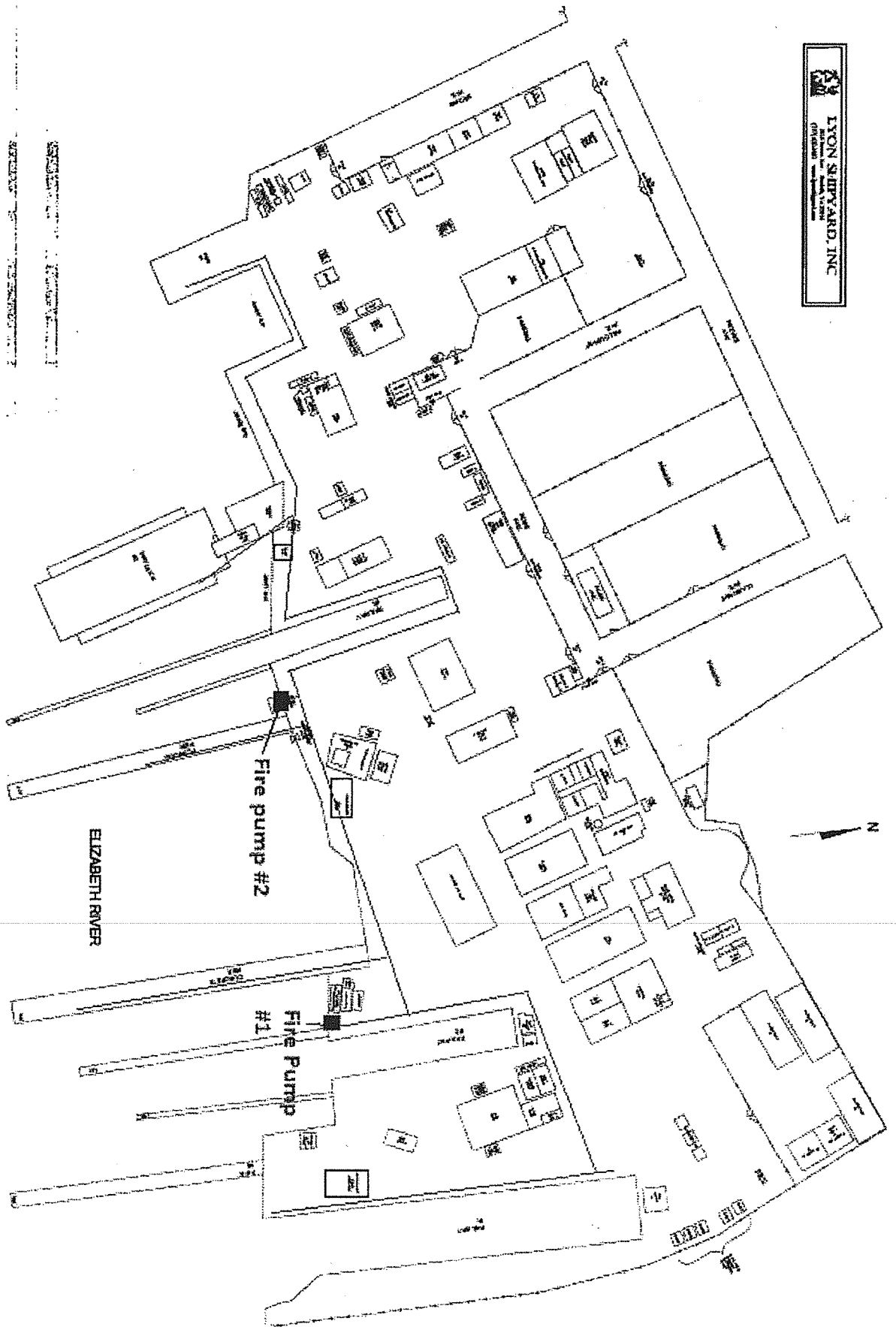
Very respectfully,



Dan Terry

dterry@lyonshipyard.com
office-(757)622-4661 ext. 472
Cell-(757)323-2599

CC. Mr. Tom Beacham

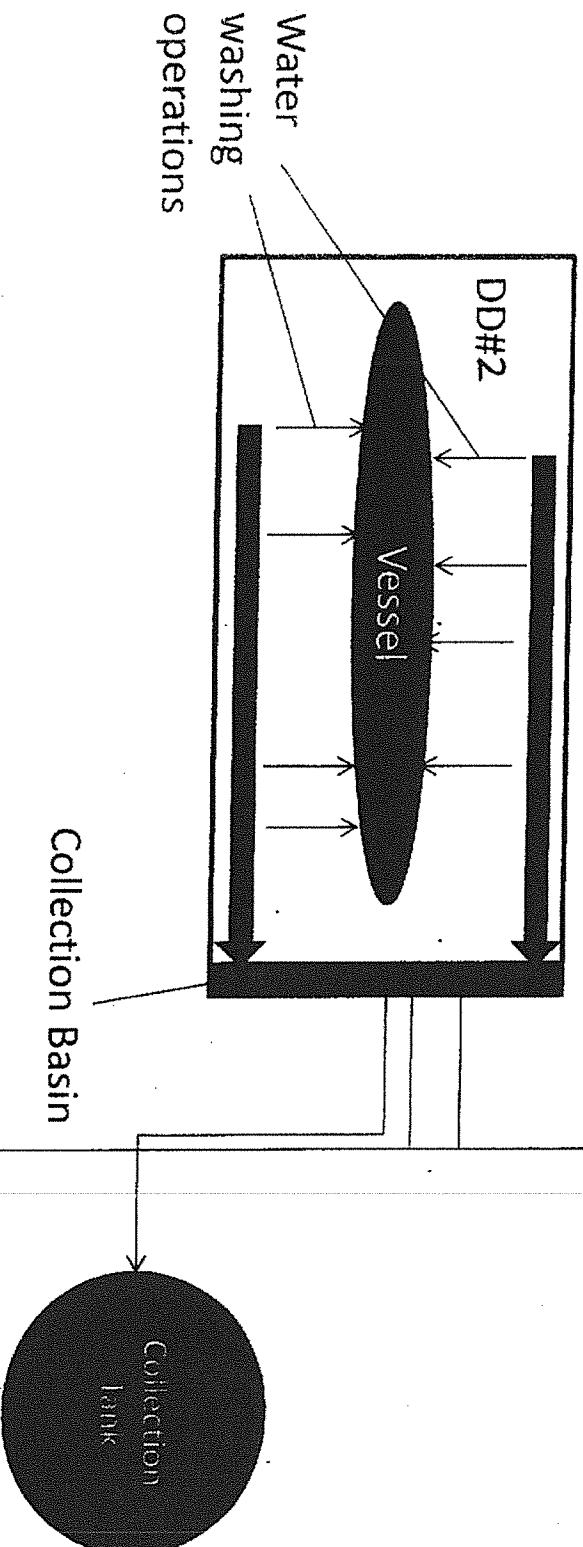


Emergency Fire Suppression System

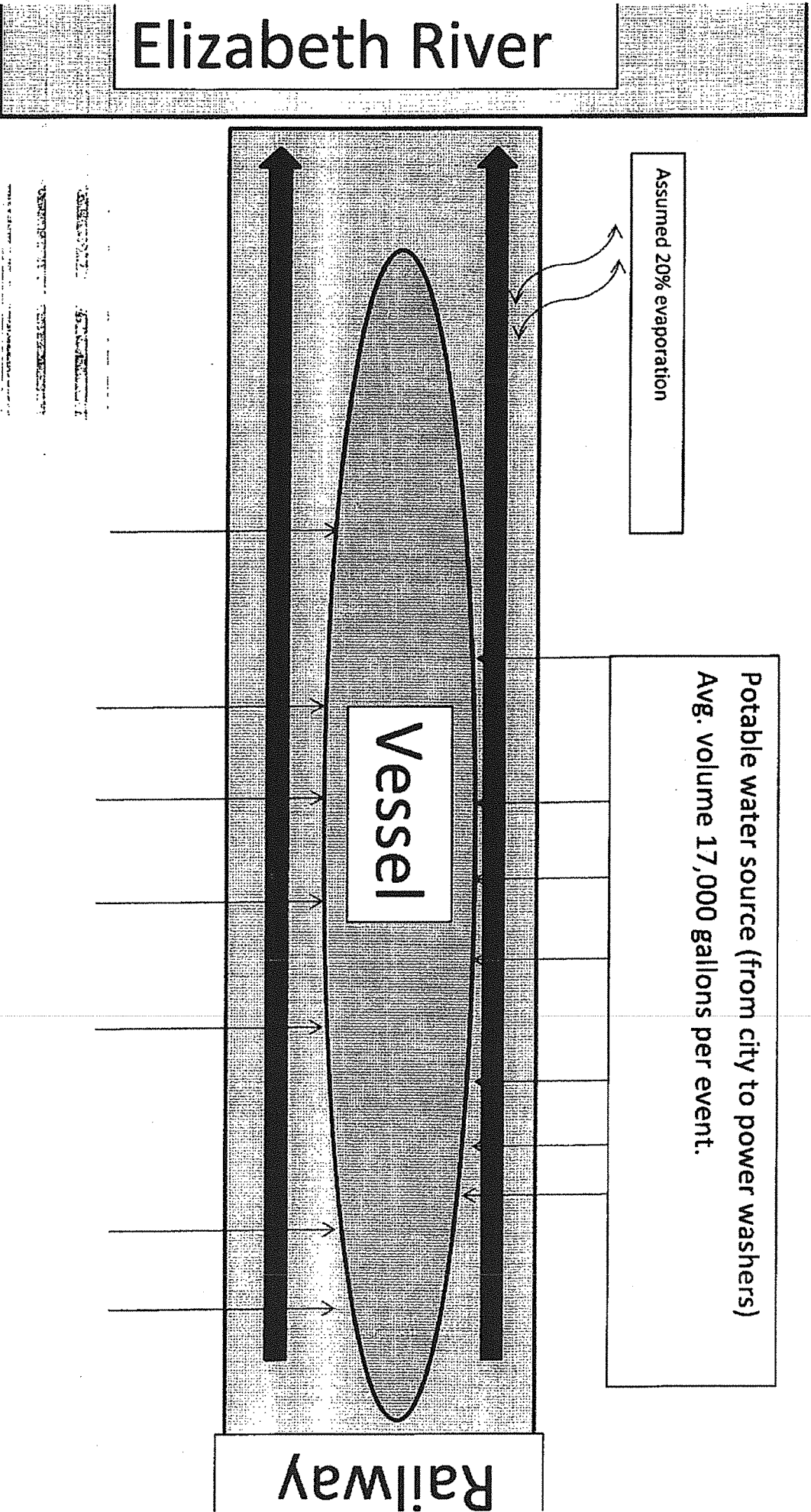
DD#2 Water flow (With collection)

Elizabeth River

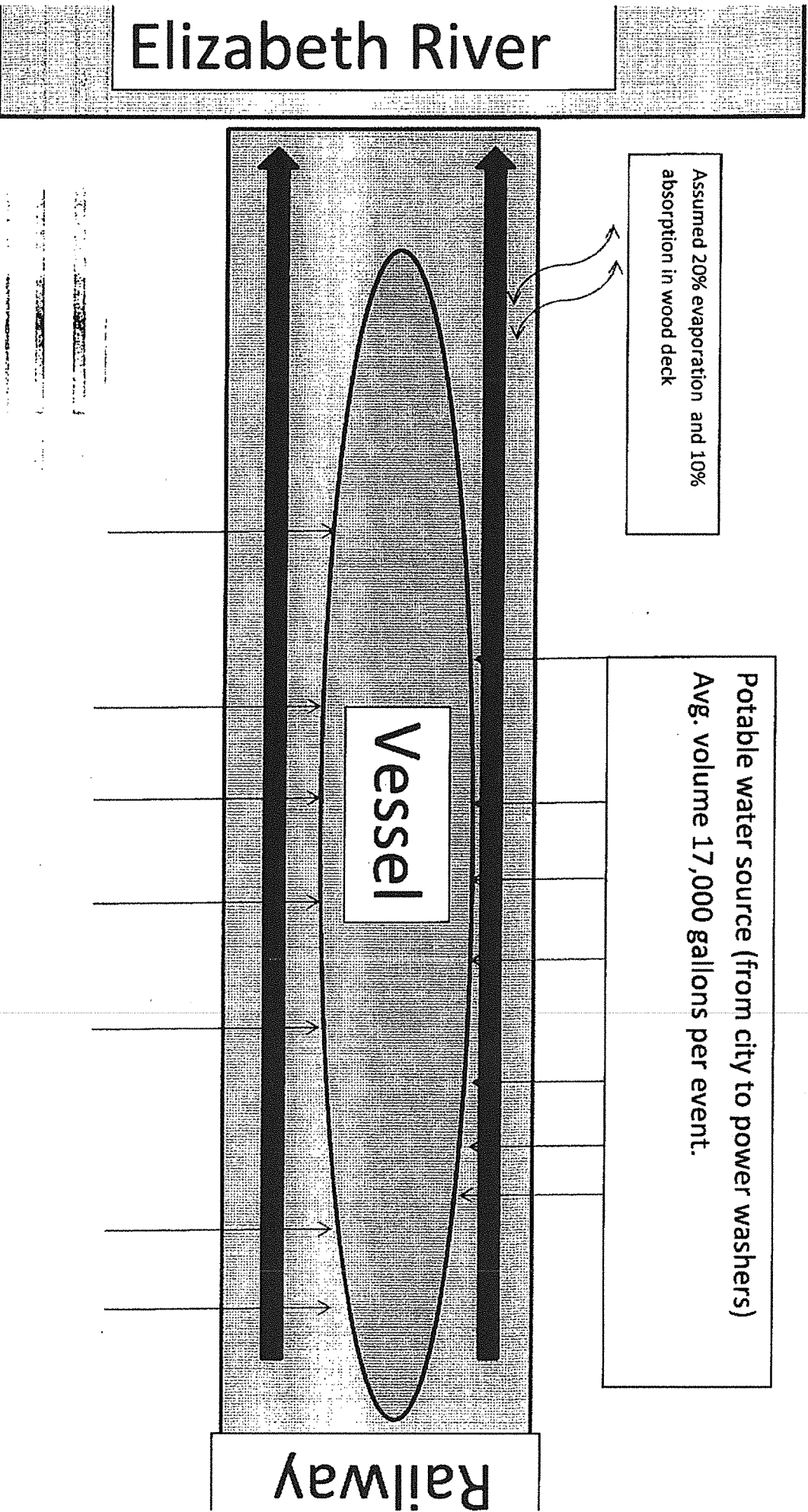
Land



Lyon Shipyard Railways 2,3 Water Balance



Lyon Shipyard Railway 1 Water Balance



Outfall
002
003
004
001

0.001979 MDG

VaDEQ ANNUAL PERMIT MAINTENANCE FEE FORM

(PLEASE COMPLETE AND RETURN THIS FORM WITH PERMIT APPLICATION)

1. **Facility Name:** Lyon Shipyard
(Please indicate all facility names applicable for the information listed below)
1818 BROWN AVE
NORFOLK VA 23501

2. **Permit Number(s):** VA0092495
(Please note all VPDES individual permit numbers applicable for information provided)

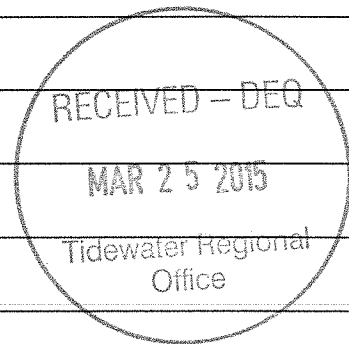
3. **Tax Payer ID [FIN]:** 540308290

4. **Billing Information:**

Corporate Name or Owner Name: Lyon Shipyard Inc.

Corporate Billing Address: PO BOX 2180
or Owner Address

NORFOLK VA 23501



5. **Billing Contact:**

Name & Title: Ken Kimball VP

Phone Number: 757-622-4661 x 308

E-mail address: KKimball@lyonshipyard.com

VaDEQ VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Lyon Shipyard Inc.

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Yes ☒ or No ☐

3. Provide the tax map parcel number for the land where the discharge is located. 8091-1610

4. What is the average process effluent flow of this facility? 0.001979 MGD

For industrial facilities, provide the max. 30-day average production level, include units: NA

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels: Yes ☐ or No ☒ NA

If "YES", please identify the other flow tiers (in MGD) or production levels: NA

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

5. Nature of industrial operations generating wastewater: Water washing of vessels

6. Mode of Discharge: ☐ Continuous ☒ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

The frequency of process water is based upon the rotation of vessels needing water washing.

7. Identify characteristics of receiving stream at the point just above the facility's discharge point:

- ☒ Permanent stream, never dry
☐ Intermittent stream, usually flowing, sometimes dry
☐ Ephemeral stream, wet-weather flow, often dry
☐ Effluent-dependent stream, usually or always dry without effluent flow
☐ Lake or pond at or below the discharge point
☐ Other _____

RECEIVED - DEQ

MAR 25 2015

Tidewater Regional
Office

8. Approval Date(s): O & M Manual _____
Sludge/Solids Management Plan _____

Have any operational changes or procedures occurred since the approval dates? Yes ☐ or No ☐


9. Do you plan to sign up for e-DMR, the DEQ's electronic Discharge Monitoring Reporting program?

☐ Yes ☒ No; and

if not, why? In consideration

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;">VAD003177003</td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14 15</td> </tr> </table>	S	VAD003177003	T/A	C	F			D	1	2	13	14 15																																										
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II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">Mark "X"</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">Mark "X"</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td style="text-align: center;">X</td> <td></td> <td style="text-align: center;">X</td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? 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CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)																				
A. FIRST										B. SECOND										
C	7	3	7	3	1	(specify) Shipbuilding and Repair				C	7	3	7	3	2	(specify) Shipbuilding and Repair				
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22			
C. THIRD										D. FOURTH										
C	7	4	4	9	9	(specify) Marine Railways and drydocking vessels				C	7	(specify)								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22			
VIII. OPERATOR INFORMATION																				
A. NAME															B. Is the name listed in Item VIII-A also the owner?					
C	8	Lyon Shipyard													<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)															D. PHONE (area code & no.)					
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)					P (specify)			(757) 622-4661		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			
E. STREET OR P.O. BOX																				
PO Box 2180																				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND						
C	B	Norfolk								VA		23501		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			
X. EXISTING ENVIRONMENTAL PERMITS																				
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)										
C	9	N	VA0092495							C	9	P	5171000249 (Reg # 61274)							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22			
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)										
C	9	U								C	9	(specify)								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22			
C. RCRA (Hazardous Wastes)										E. OTHER (specify)										
C	9	R	VAD003177003							C	9	(specify)								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22			
XI. MAP																				
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.																				
XII. NATURE OF BUSINESS (provide a brief description)																				
Facility is a shipbuilding and repair facility located on the eastern branch of the Elizabeth River. Vessels serviced include but not limited to: tugboats, various barges, dredges, and smaller military vessels. Ship repair involves various operations such as abrasive blasting with coal utility slag, waterblasting, waterwashing, and painting applications to marine structures. This facility operates three (3) marine railways and one drydock with the purpose of removing vessels from the water. Welding, burning and grinding operations are performed with the purpose of repairing damaged steel structures on marine vessels and structures. Repair of vessel machinery, propulsion and electrical systems are part of the repair capabilities. A website is available at www.lyonshipyard.com for additional information.																				
XIII. CERTIFICATION (see instructions)																				
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																				
A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE				C. DATE SIGNED						
Dan Terry Asst. Environmental Manager														23MAR15						
COMMENTS FOR OFFICIAL USE ONLY																				
C																				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VAD003177003

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM 2C NPDES		U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS <i>Consolidated Permits Program</i>					
I. OUTFALL LOCATION							
For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.							
A. OUTFALL NUMBER <i>(list)</i>	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER <i>(name)</i>
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	36.00	841.00	620.00	-76.00	269.00	451.00	Eastern Branch of Elizabeth River
002	36.00	841.00	967.00	-76.00	269.00	272.00	Eastern Branch of Elizabeth River
003	36.00	842.00	334.00	-76.00	267.00	469.00	Eastern Branch of Elizabeth River
004	36.00	842.00	372.00	-76.00	266.00	442.00	Eastern Branch of Elizabeth River
II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES							
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.							
B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.							
1. OUTFALL NO. <i>(list)</i>	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT				
	a. OPERATION <i>(list)</i>	b. AVERAGE FLOW <i>(include units)</i>	a. DESCRIPTION			b. LIST CODES FROM TABLE 2C-1	
001	Waterwashing, sandblasting, Painting	No discharge	waterwashing from operations on drydock is collected				
	Stormwater, ballast water						
002	Waterwashing, sandblasting, Painting	Waterwashing approx 17k	Waterwashing of marine vessels			4-A	
	Stormwater, ballast water						
003	Waterwashing, sandblasting, Painting	Waterwashing approx 17k	Waterwashing of marine vessels			4-A	
	Stormwater, ballast water						
004	Waterwashing, sandblasting, Painting	Waterwashing approx 17k	Waterwashing of marine vessels			4-A	
	Stormwater, ballast water						

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal? <input checked="" type="checkbox"/> YES (complete the following table) <input type="checkbox"/> NO (go to Section III)								
1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
002	Waterwashing Operations- 16.5 vessels avg. for 2013 and 2014	.32	.54	0.000768	0.03	0.000768	0.03	17
003	Waterwashing Operations- 13 vessels avg. for 2013 and 2014	.25	.42	0.000605	0.03	0.000605	0.03	13
004	Waterwashing Operations- 13 vessels avg. for 2013 and 2014	.25	.42	0.000605	0.03	0.000605	0.03	13

III. PRODUCTION			
A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility? <input type="checkbox"/> YES (complete Item III-B) <input checked="" type="checkbox"/> NO (go to Section IV)			
B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)? <input type="checkbox"/> YES (complete Item III-C) <input type="checkbox"/> NO (go to Section IV)			
C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.			
1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS					
A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Item IV-B)					
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. <input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED					
---	--	--	--	--	--

VAD003177003

V. INTAKE AND EFFLUENT CHARACTERISTICS

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
No reason to believe that any pollutants listed in Table 2c-3 are present and or discharged.			

☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below)

☐ NO (go to Section VIII)

Under current permit requirements, outfalls 002 and 003 require acute toxicity testing. Both Mysis shrimp and sheephead minnow are tested.

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)


B. PHONE NO. (area code & no.)

C. SIGNATURE

D. DATE SIGNED

Dan Terry

757-323-2599



ROMARIS

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VAD003177003

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)										OUTFALL NO. 002		
PART A -- You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT				3. UNITS (specify if blank)				4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
a. Biochemical Oxygen Demand (BOD)	3						1	mg/L				
b. Chemical Oxygen Demand (COD)	40.15						1	mg/L				
c. Total Organic Carbon (TOC)	4.54						1	mg/L				
d. Total Suspended Solids (TSS)	397				205.5		4	mg/L				
e. Ammonia (as N)	0.97						1	mg/L				
f. Flow	VALUE 0.030				VALUE	0.000769		MGD			VALUE	
g. Temperature (winter)	VALUE 27.3				VALUE	21.2	4	°C			VALUE	
h. Temperature (summer)	VALUE				VALUE		1	°C			VALUE	
i. pH	MINIMUM 6.8	MAXIMUM 7.9			MINIMUM	MAXIMUM	4	STANDARD UNITS				

PART B -- Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS				5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)				
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (if available)		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1)		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X											
h. Oil and Grease		X											
i. Phosphorus (as P), Total (7723-14-0)		X											
j. Radioactivity													
(1) Alpha, Total		X											
(2) Beta, Total		X											
(3) Radium, Total		X											
(4) Radium 226, Total		X											
k. Sulfate (as SO ₄) (14808-79-8)		X											
l. Sulfide (as S)		X											
m. Sulfite (as SO ₃) (14265-45-3)		X											
n. Surfactants		X											
o. Aluminum, Total (7429-90-5)		X											
p. Barium, Total (7440-39-3)		X											
q. Boron, Total (7440-42-8)		X											
r. Cobalt, Total (7440-48-4)		X											
s. Iron, Total (7439-89-6)		X											
t. Magnesium, Total (7439-95-4)		X											
u. Molybdenum, Total (7439-98-7)		X											
v. Manganese, Total (7439-96-5)		X											
w. Tin, Total (7440-31-5)		X											
x. Titanium, Total (7440-32-6)		X											

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SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VAD003177003

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)										OUTFALL NO. 003		
PART A --You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT				3. UNITS (specify if blank)				4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE (1) CONCENTRATION		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
a. Biochemical Oxygen Demand (BOD)	3						1	mg/L				
b. Chemical Oxygen Demand (COD)	40.15						1	mg/L				
c. Total Organic Carbon (TOC)	4.54						1	mg/L				
d. Total Suspended Solids (TSS)	376					178.6	5	mg/L				
e. Ammonia (as N)	0.97						1	mg/L				
f. Flow	VALUE 0.030				VALUE	0.000605		MGD			VALUE	
g. Temperature (winter)	VALUE 27.2				VALUE	19.2	4	°C			VALUE	
h. Temperature (summer)	VALUE				VALUE		1	°C			VALUE	
i. pH	MINIMUM 6.8	MAXIMUM 7.9			MINIMUM		5	STANDARD UNITS				
PART B -- Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.												
1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS				5. INTAKE (optional)	
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES		
a. Bromide (24959-67-9)		X										
b. Chlorine, Total Residual		X										
c. Color		X										
d. Fecal Coliform		X										
e. Fluoride (16984-48-8)		X										
f. Nitrate-Nitrite (as N)		X										

ITEM V-2B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)		b. MAXIMUM 30 DAY VALUE (if available) (1)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1)		b. NO. OF ANALYSES
			CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X										
h. Oil and Grease		X										
i. Phosphorus (as P), Total (7723-14-0)		X										
j. Radioactivity												
(1) Alpha, Total		X										
(2) Beta, Total		X										
(3) Radium, Total		X										
(4) Radium 226, Total		X										
k. Sulfate (as SO ₄) (14808-79-8)		X										
l. Sulfide (as S)		X										
m. Sulfite (as SO ₃) (14285-45-3)		X										
n. Surfactants		X										
o. Aluminum, Total (7429-90-5)		X										
p. Barium, Total (7440-39-3)		X										
q. Boron, Total (7440-42-8)		X										
r. Cobalt, Total (7440-48-4)		X										
s. Iron, Total (7439-89-6)		X										
t. Magnesium, Total (7439-95-4)		X										
u. Molybdenum, Total (7439-98-7)		X										
v. Manganese, Total (7439-96-5)		X										
w. Tin, Total (7440-31-5)		X										
x. Titanium, Total (7440-32-6)		X										

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EPA I.D. NUMBER (copy from Item 1 of Form 1)
VAD003177003

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)										OUTFALL NO. 004	
PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.											
1. POLLUTANT	2. EFFLUENT				3. UNITS (specify if blank)	4. INTAKE (optional)					
	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS		b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION (2) MASS			a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS					
	c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION		b. MASS	b. NO. OF ANALYSES				
a. Biochemical Oxygen Demand (BOD)	3					1	mg/L				
b. Chemical Oxygen Demand (COD)	40.15					1	mg/L				
c. Total Organic Carbon (TOC)	4.54					1	mg/L				
d. Total Suspended Solids (TSS)	1695				635.7	3	mg/L				
e. Ammonia (as N)	0.97					1	mg/L				
f. Flow	VALUE 0.030				VALUE 0.000605		MGD			VALUE	
g. Temperature (winter)	VALUE 16.8				VALUE 21	2	°C			VALUE	
h. Temperature (summer)	VALUE 20.3				VALUE 20.3	1	°C			VALUE	
i. pH	MINIMUM 7.0					3	STANDARD UNITS				
PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.											
1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION (2) MASS	c. LONG TERM AVG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES	
a. Bromide (24959-67-9)		X									
b. Chlorine, Total Residual		X									
c. Color		X									
d. Fecal Coliform		X									
e. Fluoride (16984-48-8)		X									
f. Nitrate-Nitrite (as N)		X									

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X										
h. Oil and Grease		X										
i. Phosphorus (as P), Total (7723-14-0)		X										
j. Radioactivity												
(1) Alpha, Total		X										
(2) Beta, Total		X										
(3) Radium, Total		X										
(4) Radium 226, Total		X										
k. Sulfate (as SO ₄) (14808-79-8)		X										
l. Sulfide (as S)		X										
m. Sulfite (as SO ₃) (14265-45-3)		X										
n. Surfactants		X										
o. Aluminum, Total (7429-90-5)		X										
p. Barium, Total (7440-39-3)		X										
q. Boron, Total (7440-42-8)		X										
r. Cobalt, Total (7440-48-4)		X										
s. Iron, Total (7439-89-6)		X										
t. Magnesium, Total (7439-95-4)		X										
u. Molybdenum, Total (7439-98-7)		X										
v. Manganese, Total (7439-96-5)		X										
w. Tin, Total (7440-31-5)		X										
x. Titanium, Total (7440-32-6)		X										

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
VAD003177003	002/003/004

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
					(1)	(2) MASS CONCENTRATION					(1)	(2) MASS CONCENTRATION	
METALS, CYANIDE, AND TOTAL PHENOLS													
1M. Antimony, Total (7440-36-0)			X										
2M. Arsenic, Total (7440-38-2)			X										
3M. Beryllium, Total (7440-41-7)			X										
4M. Cadmium, Total (7440-43-9)			X										
5M. Chromium, Total (7440-47-3)			X										
6M. Copper, Total (7440-50-8)		X		4.68				1	mg/L				
7M. Lead, Total (7439-92-1)			X										
8M. Mercury, Total (7439-97-6)			X										
9M. Nickel, Total (7440-02-0)			X										
10M. Selenium, Total (7782-48-2)			X										
11M. Silver, Total (7440-22-4)			X										
12M. Thallium, Total (7440-28-0)			X										
13M. Zinc, Total (7440-66-6)		X		1.08				1	mg/L				
14M. Cyanide, Total (57-12-5)			X										
15M. Phenols, Total			X										
DIOXIN													
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X										

DESCRIBE RESULTS

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	5. LONG TERM	
					(1) CONCENTRATION	(2) MASS					(1) AVERAGE VALUE	(2) MASS ANALYSES
GC/MS FRACTION - VOLATILE COMPOUNDS												
1V. Acrolein (107-02-8)			X									
2V. Acrylonitrile (107-13-1)			X									
3V. Benzene (71-43-2)			X									
4V. Bis (Chloromethyl) Ether (542-88-1)			X									
5V. Bromoform (75-25-2)			X									
6V. Carbon Tetrachloride (56-23-5)			X									
7V. Chlorobenzene (108-90-7)			X									
8V. Chlorodibromomethane (124-48-1)			X									
9V. Chloroethane (75-00-3)			X									
10V. 2-Chloroethylvinyl Ether (110-75-8)			X									
11V. Chloroform (67-66-3)			X									
12V. Dichlorobromomethane (75-27-4)			X									
13V. Dichlorodifluoromethane (75-71-8)			X									
14V. 1,1-Dichloroethane (75-34-3)			X									
15V. 1,2-Dichloroethane (107-06-2)			X									
16V. 1,1-Dichloroethylene (75-35-4)			X									
17V. 1,2-Dichloropropane (78-87-5)			X									
18V. 1,3-Dichloropropylene (542-75-6)			X									
19V. Ethylbenzene (100-41-4)			X									
20V. Methyl Bromide (74-83-9)			X									
21V. Methyl Chloride (74-87-3)			X									

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		b. NO. OF ANALYSES	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS		
					(1)	(2) MASS CONCENTRATION						(1)
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)												
22V. Methylene Chloride (75-09-2)			X									
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X									
24V. Tetrachloroethylene (127-18-4)			X									
25V. Toluene (108-88-3)			X									
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X									
27V. 1,1,1-Trichloroethane (71-55-6)			X									
28V. 1,1,2-Trichloroethane (79-00-5)			X									
29V. Trichloroethylene (79-01-6)			X									
30V. Trichlorofluoromethane (75-69-4)			X									
31V. Vinyl Chloride (75-01-4)			X									
GC/MS FRACTION - ACID COMPOUNDS												
1A. 2-Chlorophenol (95-57-8)			X									
2A. 2,4-Dichlorophenol (120-83-2)			X									
3A. 2,4-Dimethylphenol (105-67-9)			X									
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X									
5A. 2,4-Dinitrophenol (51-28-5)			X									
6A. 2-Nitrophenol (88-75-5)			X									
7A. 4-Nitrophenol (100-02-7)			X									
8A. P-Chloro-M-Cresol (69-50-7)			X									
9A. Pentachlorophenol (87-86-5)			X									
10A. Phenol (108-95-2)			X									
11A. 2,4,6-Trichlorophenol (88-05-2)			X									

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CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (if available) (1)	c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1)	b. NO. OF ANALYSES
				CONCENTRATION (2) MASS	CONCENTRATION (2) MASS	CONCENTRATION (1)	CONCENTRATION (2) MASS				CONCENTRATION (1)	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS												
1B. Acenaphthene (83-32-9)			X									
2B. Acenaphthylene (208-96-8)			X									
3B. Anthracene (120-12-7)			X									
4B. Benzidine (92-87-5)			X									
5B. Benzo (a) Anthracene (56-55-3)			X									
6B. Benzo (a) Pyrene (50-32-8)			X									
7B. 3,4-Benzo-fluoranthene (205-99-2)			X									
8B. Benzo (ghi) Perylene (191-24-2)			X									
9B. Benzo (k) Fluoranthene (207-08-9)			X									
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X									
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X									
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)			X									
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)			X									
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X									
15B. Butyl Benzyl Phthalate (85-68-7)			X									
16B. 2-Chloronaphthalene (91-58-7)			X									
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X									
18B. Chrysene (218-01-9)			X									
19B. Dibenzo (a,h) Anthracene (53-70-3)			X									
20B. 1,2-Dichlorobenzene (95-50-1)			X									
21B. 1,3-Di-chlorobenzene (541-73-1)			X									

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
					(1)	(2) MASS CONCENTRATION					(1)	(2) MASS CONCENTRATION	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)													
22B. 1,4-Dichlorobenzene (106-46-7)			X										
23B. 3,3-Dichlorobenzidine (91-94-1)			X										
24B. Diethyl Phthalate (84-66-2)			X										
25B. Dimethyl Phthalate (131-11-3)			X										
26B. Di-N-Butyl Phthalate (84-74-2)			X										
27B. 2,4-Dinitrotoluene (121-14-2)			X										
28B. 2,6-Dinitrotoluene (606-20-2)			X										
29B. Di-N-Octyl Phthalate (117-84-0)			X										
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X										
31B. Fluoranthene (206-44-0)			X										
32B. Fluorene (86-73-7)			X										
33B. Hexachlorobenzene (118-74-1)			X										
34B. Hexachlorobutadiene (87-68-3)			X										
35B. Hexachlorocyclopentadiene (77-47-4)			X										
36B. Hexachloroethane (67-72-1)			X										
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X										
38B. Isophorone (78-59-1)			X										
39B. Naphthalene (91-20-3)			X										
40B. Nitrobenzene (98-95-3)			X										
41B. N-Nitrosodimethylamine (62-75-9)			X										
42B. N-Nitrosodimethylamine (621-64-7)			X										

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)		2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)			
a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2) MASS CONCENTRATION	(1)	(2) MASS CONCENTRATION				(1)	(2) MASS CONCENTRATION	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)													
43B. N-Nitro-sodiphenylamine (86-30-6)			X										
44B. Phenanthrene (85-01-8)			X										
45B. Pyrene (129-00-0)			X										
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X										
GC/MS FRACTION - PESTICIDES													
1P. Aldrin (309-00-2)			X										
2P. α-BHC (319-84-6)			X										
3P. β-BHC (319-85-7)			X										
4P. γ-BHC (58-89-9)			X										
5P. δ-BHC (319-86-8)			X										
6P. Chlordane (57-74-9)			X										
7P. 4,4'-DDT (50-29-3)			X										
8P. 4,4'-DDE (72-55-9)			X										
9P. 4,4'-DDD (72-54-8)			X										
10P. Dieldrin (60-57-1)			X										
11P. α-Endosulfan (115-29-7)			X										
12P. β-Endosulfan (115-29-7)			X										
13P. Endosulfan Sulfate (1031-07-8)			X										
14P. Endrin (7421-93-4)			X										
15P. Endrin Aldehyde (76-44-8)			X										
16P. Heptachlor (76-44-8)			X										

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
VAD003177003	002/003/004

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)					
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)		b. MAXIMUM 30 DAY VALUE (if available) (1)		c. LONG TERM AVRG. VALUE (if available) (1)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1)		b. NO. OF ANALYSES
				CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS	CONCENTRATION	(2) MASS				CONCENTRATION	(2) MASS	
GC/MS FRACTION - PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

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Dockings for 2013 and 2014

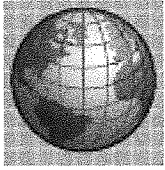
Outfall	2013				2014				Totals	/2	17,000 Avg Gallons
	4th	3rd	2nd	1st	4th	3rd	2nd	1st			
002	3	3	4	3	4	3	4	9	33	16.5	280,500 768.4932 GPD
003	3	1	6	3	3	4	2	4	26	13	221,000 605.4795 GPD
004	4	4	4	1	2	1	6	4	26	13	221,000 605.4795 GPD
									<u>1979,452 GPD total</u>		
									0.001979 MDG		

Sample Analysis for Form 2C Permit App

	Date	Outfall	Cu (ppb)	ZN(ppb)	TSS (ppm)	pH	temp	TPH DRO	TPH GRO	NH3	COD	BOD5	TOC	(T)CU	(T)Zn
1	12/6/2011	92495 002	174	447	14	6.9	18.5	<0.5	<0.5						
2	12/4/2012	92495 002	557	336	214	7.9	18.1	1.4	<0.5						
3	10/7/2013	92495 002	2030	760	397	6.8	27.3	12	<0.5						
4	10/10/2014	92495 002	2780	510	197	6.8	20.8	1	<0.5						
Average			1385.25	513.25	205.5	7.1	21.2	4.8	<0.5	####	####	#DIV/0!	####	#DIV/0!	#####
Max			2780	760	397	7.9	27.3	12	<0.5	0	0	0	0	0	0
Min			174	336	14	6.8	18.1	<0.5	<0.5	0	0	0	0	0	0

	Date	Outfall	Cu (ppb)	ZN(ppb)	TSS (ppm)	pH	temp	TPH DRO	TPH GRO	NH3	COD	BOD5	TOC	(T)CU	(T)Zn
1	12/12/2011	92495 003	71	143	74	7.4	17	<0.5	<0.5						
2	12/28/2012	92495 003	114	131	196	7.6		<0.5	<0.5						
3	10/31/2013	92495 003	358	694	376	7.8	27.2	0.7	<0.5						
4	11/4/2014	92495 003	280	641	182	6.8	14.7	0.6	<0.5						
5	2/12/2015	92495 003	256	1090	65	7.9	17.8	0.6	<0.5	0.97	40.15	3	4.54	4.68	1.08
Average			215.8	539.8	178.6	7.5	19.2	0.6333333	#DIV/0!	0.97	40.15	3	4.54	4.68	1.08
Max			358	1090	376	7.9	27.2	0.7	0	0.97	40.15	3	4.54	4.68	1.08
Min			71	131	65	6.8	14.7	<0.5	0	0.97	40.15	3	4.54	4.68	1.08

	Date	Outfall	Cu (ppb)	ZN(ppb)	TSS (ppm)	pH	temp	TPH DRO	TPH GRO	NH3	COD	BOD5	TOC	(T)CU	(T)Zn
1	11/7/2012	92495 004	33	89	30	7.4	16.8	0.9	<0.5						
2	10/4/2013	92495 004	179	52.3	121	7.5	25.2	0.6	<0.5						
3	9/26/2014	92495 004	1695	576	485	7	20.3	<0.5	<0.5						
Average			635.6667	239.1	212	7.3	20.8	0.75	<0.5	####	####	#DIV/0!	####	#DIV/0!	#####
Max			1695	576	485	7.5	25.2	0.9	<0.5	0	0	0	0	0	0
Min			33	52.3	30	7	16.8	<0.5	<0.5	0	0	0	0	0	0



Universal Laboratories
20 Research Drive
Hampton, VA 23666
Phone: 1-800-695-2162

Client Report For: Lyon Shipyard Inc.
Attention: Mr. Dan Terry
Client Address: P.O. Box 2180
Norfolk, VA 23501

Project: VPDES Permit Application Norfolk
Order Number: 1502170
Report Date: 03/09/2015
Lab Receipt Date: 02/13/2015

Comment: This report contains the analytical results for the indicated Project and Order. The results contained in this report relate only to the samples identified in this Order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

The data in this report has been reviewed and validated by:

Carol Kleemeier

Signature

Carol Kleemeier

Name

Pres/Tech Director

Title

Universal Laboratories

003 DNT

Client: Lyon Shipyard Inc.**Client Sample ID:** OF-002-Grab**Lab ID:** 1502170-001**Collection Date:** 02/12/2015 15:23**Matrix:** AQUEOUS**Analyses*****Ammonia as N, Total******EPA 350.1***

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Ammonia as N	0.97	mg/L	0.2	02/16/2015 16:55	EK		460036

Biochemical Oxygen Demand (BOD) 5 Day***SM 5210 B (2011)***

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Biochemical Oxygen Demand	3	mg/L	2	02/18/2015 13:15	RB		460036

Chemical Oxygen Demand***HACH 8000***

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Chemical Oxygen Demand	40.15	mg/L	20	02/19/2015 14:28	EK		460036

Metals by ICP***EPA 200.7***

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Copper, Total	4.68	mg/L	0.001	02/19/2015 18:51	LS		460036
Zinc, Total	1.08	mg/L	0.005	02/19/2015 18:51	LS		460036

Organic Carbon, Total

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Sub Lab Name	Microbac OVD						
Organic Carbon, Total	Attached						

Glossary of Terms and Abbreviations

B	Analyte was found in the method blank
D	RPD outside acceptable limits
H	Holding time exceeded
IS	Internal standard outside acceptable limits
J	Result above calibration curve - results are approximate
L	LCS Outside acceptable limits
MI	Matrix interference
MS	Matrix spike recovery outside acceptable limits
QC	Method QC criteria not met
S	Surrogate outside acceptable limits
V	ICV/CCV/FCV outside acceptable limits
Calibration Verification (Initial, Continuing, or Final)	A standard analyzed at different times to verify that the initial calibration curve is still valid.
Holding Time	The maximum time that samples may be held prior to analysis and still be considered valid or not compromised.
Internal Standard	A known amount of standard added to a test portion of a sample as a reference for evaluating and controlling the precision and bias of the applied analytical method.
LCS (Laboratory Control Sample)	A sample matrix, free from the analytes of interest, spiked with verified known amounts of analytes or a material containing known and verified amounts of analytes.
Method Blank	A sample of a matrix similar to the batch associated samples (when available) that is free from the analytes of interest and is processed simultaneously with and under the same conditions as samples.
MS/MSD (Matrix Spike or Matrix Spike Duplicate)	A sample prepared by adding a known mass of target analyte to a specified amount of matrix sample for which an independent estimate of target analytes concentration is available. Matrix Spikes are used, for example, to determine the effect of the matrix on a method's recovery efficiency.
RL (Reporting Limit)	The minimum levels, concentrations, or quantities of a target analyte that can be reported within a specified degree of confidence. Generally, this number is equal to or just above the lowest calibration standard run with the analytical batch.
RPD (Relative Percent Difference)	The difference between a set of duplicates or sample spike duplicates.
Surrogate	A substance with properties that mimic the analyte of interest. It is unlikely to be found in environmental samples and is added to them for quality control purposes in Organics.

Laboratory Report Number: L15021349

Dan Thornton
Universal Labs
20 Research Drive
Hampton, VA 23666

Please find enclosed the analytical results for the samples you submitted to Microbac Laboratories. Review and compilation of your report was completed by Microbac's Ohio Valley Division (OVD). If you have any questions, comments, or require further assistance regarding this report, please contact your service representative listed below.

Laboratory Contact:
Emily Yoak – Client Services Specialist
(740) 373-4071
emily.yoak@microbac.com

I certify that all test results meet all of the requirements of the accrediting authority listed below. All results for soil samples are reported on a 'dry-weight' basis unless specified otherwise. Analytical results for water and wastes are reported on a 'as received' basis unless specified otherwise. A statement of uncertainty for each analysis is available upon request. This laboratory report shall not be reproduced, except in full, without the written approval of Microbac Laboratories. The reported results are related only to the samples analyzed as received.

This report was certified on March 05 2015



David Vandenberg – Managing Director

State of Origin: NC
Accrediting Authority: Department of the Environment and Natural Resources ID:583
QAPP: Microbac OVD



Record of Sample Receipt and Inspection

Comments/Discrepancies

This is the record of the shipment conditions and the inspection records for the samples received and reported as a sample delivery group (SDG). All of the samples were inspected and observed to conform to our receipt policies, except as noted below.

There were no discrepancies.

Discrepancy**Resolution****Coolers**

Cooler #	Temperature Gun	Temperature	COC #	Airbill #	Temp Required?
Styro	I	0.0		1001891713610004575000772983774331	X

Inspection Checklist

#	Question	Result
1	Were shipping coolers sealed?	Yes
2	Were custody seals intact?	Yes
3	Were cooler temperatures in range of 0-6?	Yes
4	Was ice present?	Yes
5	Were COC's received/information complete/signed and dated?	Yes
6	Were sample containers intact and match COC?	Yes
7	Were sample labels intact and match COC?	Yes
8	Were the correct containers and volumes received?	Yes
9	Were samples received within EPA hold times?	Yes
10	Were correct preservatives used? (water only)	Yes
11	Were pH ranges acceptable? (voa's excluded)	Yes
12	Were VOA samples free of headspace (less than 6mm)?	NA



Lab Report #: L15021349
Lab Project #: 3137.001
Project Name: Universal Labs
Lab Contact: Emily Yoak

Samples Received

Client ID	Laboratory ID	Date Collected	Date Received
1502170-001D	L15021349-01	02/12/2015 15:23	02/26/2015 11:12



Universal Laboratories
20 Research Drive
Hampton, VA 23666
Phone: 1-800-695-2162

Client Report For: Lyon Shipyard Inc.
Attention: Mr. Dan Terry
Client Address: P.O. Box 2180
Norfolk, VA 23501

Project: VPDES Permit Application Norfolk
Order Number: 1502170
Report Date: 03/09/2015
Lab Receipt Date: 02/13/2015

Comment: This report contains the analytical results for the indicated Project and Order. The results contained in this report relate only to the samples identified in this Order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

The data in this report has been reviewed and validated by:

Carol Kleemeier

Signature

Carol Kleemeier

Name

Pres/Tech Director

Title

Universal Laboratories

003 DNT

Client: Lyon Shipyard Inc.**Client Sample ID:** OF-002-Grab**Lab ID:** 1502170-001**Collection Date:** 02/12/2015 15:23**Matrix:** AQUEOUS**Analyses****Ammonia as N, Total****EPA 350.1**

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Ammonia as N	0.97	mg/L	0.2	02/16/2015 16:55	EK		460036

Biochemical Oxygen Demand (BOD) 5 Day**SM 5210 B (2011)**

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Biochemical Oxygen Demand	3	mg/L	2	02/18/2015 13:15	RB		460036

Chemical Oxygen Demand**HACH 8000**

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Chemical Oxygen Demand	40.15	mg/L	20	02/19/2015 14:28	EK		460036

Metals by ICP**EPA 200.7**

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Copper, Total	4.68	mg/L	0.001	02/19/2015 18:51	LS		460036
Zinc, Total	1.08	mg/L	0.005	02/19/2015 18:51	LS		460036

Organic Carbon, Total

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Sub Lab Name	Microbac OVD						
Organic Carbon, Total	Attached						

Glossary of Terms and Abbreviations

B	Analyte was found in the method blank
D	RPD outside acceptable limits
H	Holding time exceeded
IS	Internal standard outside acceptable limits
J	Result above calibration curve - results are approximate
L	LCS Outside acceptable limits
MI	Matrix interference
MS	Matrix spike recovery outside acceptable limits
QC	Method QC criteria not met
S	Surrogate outside acceptable limits
V	ICV/CCV/FCV outside acceptable limits
Calibration Verification (Initial, Continuing, or Final)	A standard analyzed at different times to verify that the initial calibration curve is still valid.
Holding Time	The maximum time that samples may be held prior to analysis and still be considered valid or not compromised.
Internal Standard	A known amount of standard added to a test portion of a sample as a reference for evaluating and controlling the precision and bias of the applied analytical method.
LCS (Laboratory Control Sample)	A sample matrix, free from the analytes of interest, spiked with verified known amounts of analytes or a material containing known and verified amounts of analytes.
Method Blank	A sample of a matrix similar to the batch associated samples (when available) that is free from the analytes of interest and is processed simultaneously with and under the same conditions as samples.
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Laboratory Report Number: L15021349

Dan Thornton
Universal Labs
20 Research Drive
Hampton, VA 23666

Please find enclosed the analytical results for the samples you submitted to Microbac Laboratories. Review and compilation of your report was completed by Microbac's Ohio Valley Division (OVD). If you have any questions, comments, or require further assistance regarding this report, please contact your service representative listed below.

Laboratory Contact:
Emily Yoak – Client Services Specialist
(740) 373-4071
emily.yoak@microbac.com

I certify that all test results meet all of the requirements of the accrediting authority listed below. All results for soil samples are reported on a 'dry-weight' basis unless specified otherwise. Analytical results for water and wastes are reported on a 'as received' basis unless specified otherwise. A statement of uncertainty for each analysis is available upon request. This laboratory report shall not be reproduced, except in full, without the written approval of Microbac Laboratories. The reported results are related only to the samples analyzed as received.

This report was certified on March 05 2015



David Vandenberg – Managing Director

State of Origin: NC
Accrediting Authority: Department of the Environment and Natural Resources ID:583
QAPP: Microbac OVD



Record of Sample Receipt and Inspection

Comments/Discrepancies

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Discrepancy			Resolution		
Coolers					
Cooler #	Temperature Gun	Temperature	COC #	Airbill #	Temp Required?
Styro	I	0.0	1001891713610004575000772983774331		X

Inspection Checklist

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8	Were the correct containers and volumes received?	Yes
9	Were samples received within EPA hold times?	Yes
10	Were correct preservatives used? (water only)	Yes
11	Were pH ranges acceptable? (voa's excluded)	Yes
12	Were VOA samples free of headspace (less than 6mm)?	NA

Microbac

Lab Report #: L15021349

Lab Project #: 3137.001

Project Name: Universal Labs

Lab Contact: Emily Yoak

Samples Received

Client ID	Laboratory ID	Date Collected	Date Received
1502170-001D	L15021349-01	02/12/2015 15:23	02/26/2015 11:12

Microbac Laboratories • Ohio Valley Division
158 Starlite Drive, Marietta, OH 45750 • T: (740)373-4071 F: (740)373-4835
www.microbac.com

Certificate of Analysis

Sample #: L15021349-01	PrePrep Method: N/A	Instrument: TOC-VWP
Client ID: 1502170-001D	Prep Method: SM5310-C-2000	Prep Date: N/A
Matrix: Water 2	Analytical Method: SM5310-C-2000	Cal Date: 07/16/2014 12:00
Workgroup #: WG513708	Analyst: EPT	Run Date: 02/27/2015 16:22
Collect Date: 02/12/2015 15:23	Dilution: 1	File ID: TC02272015.022
Sample Tag: 01	Units: mg/L	

Analyte	CAS #	Result	Qual	RL	MDL
Total Organic Carbon	TOC	4.54		1.00	0.500

Microbac Laboratories Inc.
Ohio Valley Division Analyst List
March 5, 2015

001 - BIO-CHEM TESTING WVDEP 220	002 - REIC Consultants, Inc. WVDEP 060
003 - Sturm Environmental	004 - MICROBAC PITTSBURGH
005 - ES LABORATORIES	006 - ALCOSAN LABORATORIES
007 - ALS LABORATORIES	008 - BENCHMARK LABORATORIES
010 - MICROBAC CHICAGOLAND	ADC - ANTHONY D. CANTER
ADG - APRIL D. GREENE	AED - ALLEN E. DAVIS
ALS - ADRIANE L. STEED	AWE - ANDREW W. ESSIG
AZH - AFTER HOURS	BJO - BRIAN J. OGDEN
BKT - BRENDAN TORRENCE	BLG - BRENDA L. GREENWALT
BRG - BRENDA R. GREGORY	CAA - CASSIE A. AUGENSTEIN
CAF - CHERYL A. FLOWERS	CEB - CHAD E. BARNES
CJR - COURTNEY J. REXROAD	CLC - CHRYS L. CRAWFORD
CLS - CARA L. STRICKLER	CLW - CHARISSA L. WINTERS
CPD - CHAD P. DAVIS	CSH - CHRIS S. HILL
DAK - DEAN A. KETELSEN	DCM - DAVID C. MERCKLE
DEV - DAVID E. VANDENBERG	DIH - DEANNA I. HESSON
DLB - DAVID L. BUMGARNER	DLP - DOROTHY L. PAYNE
DLW - DIANA L. WRIGHT	DSM - DAVID S. MOSSOR
ECL - ERIC C. LAWSON	ENY - EMILY N. YOAK
EPT - ETHAN P. TIDD	ERP - ERIN R. PORTER
FJB - FRANCES J. BOLDEN	JBK - JEREMY B. KINNEY
JDH - JUSTIN D. HESSON	JDS - JARED D. SMITH
JJS - JOHN J. STE MARIE	JKP - JACQUELINE K. PARSONS
JLL - JOHN L. LENT	JMW - JEANA M. WHITE
JTP - JOSHUA T. PEMBERTON	JWR - JOHN W. RICHARDS
JWS - JACK W. SHEAVES	JYH - JI Y. HU
KAJ - KELLIE A. JOHNSON	KAT - KATHY A. TUCKER
KDW - KATHRYN D. WELCH	KEB - KATIE E. BARNES
KHR - KIM H. RHODES	KKB - KERRI K. BUCK
KRA - KATHY R. ALBERTSON	KRB - KAELY R. BECKER
KRP - KATHY R. PARSONS	LEC - LAURA E. CARPENTER
LKN - LINDA K. NEDEFF	LLS - LARRY L. STEPHENS
LSB - LESLIE S. BUCINA	MBK - MORGAN B. KNOWLTON
MDA - MIKE D. ALBERTSON	MDC - MIKE D. COCHRAN
MES - MARY E. SCHILLING	MLB - MEGAN L. BACHE
MMB - MAREN M. BEERY	MRT - MICHELLE R. TAYLOR
MSW - MATT S. WILSON	PDM - PIERCE D. MORRIS
PIT - MICROBAC WARRENDALE	PRL - PAIGE R. LAMB
PSW - PEGGY S. WEBB	QX - QIN XU
RAH - ROY A. HALSTEAD	REK - BOB E. KYER
RLB - BOB BUCHANAN	RM - RAYMOND MALEKE
RNP - RICK N. PETTY	RST - ROBIN S. TURNER
SAV - SARAH A. VANDENBERG	SDC - SHALYN D. CONLEY
SLM - STEPHANIE L. MOSSBURG	SLP - SHERI L. PFALZGRAF
TB - TODD BOYLE	TMB - TIFFANY M. BAILEY
TMM - TAMMY M. MORRIS	VC - VICKI COLLIER
WJB - WILL J. BEASLEY	WRR - WESLEY R. RICHARDS
WTD - WADE T. DELONG	XXX - UNAVAILABLE OR SUBCONTRACT

Microbac Laboratories Inc.

List of Valid Qualifiers

March 05, 2015

Qualkey: STD

Qualifier ¹	Description
*	Surrogate or spike compound out of range
+	Correlation coefficient for the MSA is less than 0.995
<	Result is less than the associated numerical value.
>	Result is greater than the associated numerical value.
A	See the report narrative
B	Analyte present in method blank
B,H1	Analyte present in method blank. Sample analysis performed past holding time.
B1	Target analyte detected in method blank at or above the method reporting limit
B3	Target analyte detected in calibration blank at or above the method reporting limit
B4	The BOD unseeded dilution water blank exceeded 0.2 mg/L
C	Confirmed by GC/MS
CG	Confluent growth
CT1	The cooler temperature at receipt exceeded regulatory guidelines for requested testing.
DL	Surrogate or spike compound was diluted out
E	Estimated concentration due to sample matrix interference
EDL	Elevated sample reporting limits, presence of non-target analytes
EMPC	Estimated Maximum Possible Concentration
F, S	Estimated result below quantitation limit; method of standard additions(MSA)
F,CT1	Estimated value; the analyte concentration was less than the RL/LOQ. The cooler temperature at receipt exceeded regula
FL	Free Liquid
H1	Sample analysis performed past holding time.
H1,CT1	Sample analysis performed past holding time. The cooler temperature at receipt exceeded regulatory guidelines for requ
I	Semiquantitative result (out of instrument calibration range)
J	Estimated value; the analyte concentration was less than the RL/LOQ.
J,B	Analyte detected in both the method blank and sample above the MDL.
J,CT1	Estimated value; the analyte concentration was less than the RL/LOQ.
J,CT1	Estimated value; the analyte concentration was less than the RL/LOQ. The cooler temperature at receipt exceeded regula
J,P	Estimate; columns don't agree to within 40%
J,S	Estimated concentration; analyzed by method of standard addition (MSA)
L	Sample reporting limits elevated due to matrix interference
L1	The associated blank spike (LCS) recovery was above the laboratory acceptance limits.
L2	The associated blank spike (LCS) recovery was below the laboratory acceptance limits.
M	Matrix effect; the concentration is an estimate due to matrix effect.
N	Tentatively identified compound(TIC)
NA	Not applicable
ND	Not detected at or above the reporting limit (RL/MDL).
ND, B	Not detected at or above the reporting limit (RL). Analyte present in method blank.
ND, CT1	Analyte was not detected. The concentration is below the reported LOD. The cooler temperature at receipt exceeded reg
ND, L	Not detected; sample reporting limit (RL) elevated due to interference
ND, S	Not detected; analyzed by method of standard addition (MSA)
ND,H1	Not detected; Sample analysis performed past holding time.
ND,H1,CT1	Not detected; Sample analysis performed past holding time. The cooler temperature at receipt exceeded regulatory guide
NF	Not found by library search
NFL	No free liquid
NI	Non-ignitable
NR	Analyte is not required to be analyzed
NS	Not spiked
P	Concentrations >40% difference between the two GC columns
Q	One or more quality control criteria failed. See narrative.
QNS	Quantity of sample not sufficient to perform analysis
RA	Reanalysis confirms reported results
RE	Reanalysis confirms sample matrix interference
S	Analyzed by method of standard addition (MSA)
SMI	Sample matrix interference on surrogate
SP	Reported results are for spike compounds only
TIC	Library Search Compound
TNTC	Too numerous to count
TNTC, B	Too numerous to count. Analyte present in method blank.
TNTC,CT1	Too numerous to count. The cooler temperature at receipt exceeded regulatory guidelines for requested testing.
TNTC,H1	Too numerous to count. Sample analysis performed past holding time.
U	Analyte was not detected. The concentration is below the reported MDL.
UJ	Undetected; the MDL and RL are estimated due to quality control discrepancies.
UQ	Undetected; the analyte was analyzed for, but not detected.
W	Post-digestion spike for furnace AA out of control limits
X	Exceeds regulatory limit
X, S	Exceeds regulatory limit; method of standard additions (MSA)
Z	Cannot be resolved from isomer - see below



20 Research Drive Hampton, VA 23666

Fax: 757-865-8014

Fax: 757-865-8014

UL Contact: Dan Thornton

SUB PO Number: 022415-005

To: Sample Receiving
Microbac OVD

[illegible]

Please report separately

Comments:

Cooler Temp:

Preservation:

Refrain By

Date/Time

Microbac OVD

Received: 02/26/2015 11:12

BY: BRENDA GREGORY

221000066096

Quenda Gregory

UNIVERSAL LABORATORIES

20 Research Drive
Hampton, VA 23666

Phone: (757) 865-0880
Fax: (757) 865-8014

Possible Hazards:

Cooler Temp at LI 1°C Pres ✓ Charge ✓

Disposal: Lab ☐ Client ☐ Charge ☐

Reinforced By: [Signature] Date: 2-7-98

Due Date: _____

Express Service _____

Express Service Approval _____

Signature	Company	Date/Time
Received By	Company	Date/Time
Relinquished By	Company	Date/Time
Received By	Company	Date/Time
Relinquished By	Company	Date/Time
Received By	Company	Date/Time

Work Order No.	Composite Start	Composite Stop
Delivery Order		
Trans <input type="checkbox"/> P.U. <input type="checkbox"/> Grab <input type="checkbox"/> Comp <input type="checkbox"/>		
Shipping/Delivery Charges		

C. Except for storm runoff, leaks, or spills, will any of the discharges described in Items III-A be intermittent or seasonal?

☐ NO (go to Section IV)[illegible]

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

EPA Form 3510-2D (Rev. 8-90) Page 2 of 5 CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT		EPA I.D. NUMBER (copy from Item 1 of Form 1) VAD003177003	
C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.			
1. Pollutant		2. Reason for Discharge	
Not believed to present			
VI. Engineering Report on Wastewater Treatment			
A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.			
<input type="checkbox"/> Report Available <input checked="" type="checkbox"/> No Report			
B. Provide the name and location of any existing plant(s) which, to the best of your knowledge resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.			
Name Lyon Shipyard DD#2		Location Lyon Shipyard 1818 Brown Ave Norfolk VA 23501	

VII. Other Information (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

Lyon Shipyard is applying for new outfalls for storm water and process water discharge for the current permit under review. These outfalls will be assigned to a new dry-dock that Lyon shipyard is interested in obtaining. For numbering purposes and to correspond with numbering sequence of current outfalls, 005 and 905 are proposed for new outfalls. All process water is projected to be collected and sent off site for proper disposal upon completion of the collection system. It is estimated that the collection system will be installed within the first six months of having the dry dock onsite. The dry-dock is foreseen to be similar in the engineering aspects as our current dry-dock (DD#2 outfall 001 and 901- VA0092495). A grate system with a pump will be used to collect water washing events. A tank will be used to store process water onsite until removed by contractor for offsite disposal. Attached is the process water collected from our current dry-dock operations and expect similar quantities for the proposed outfall.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

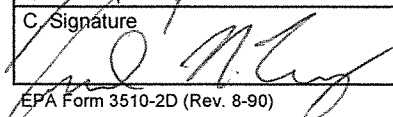
A. Name and Official Title (type or print)

Dan Perry

B. Phone No.

757-323-2599

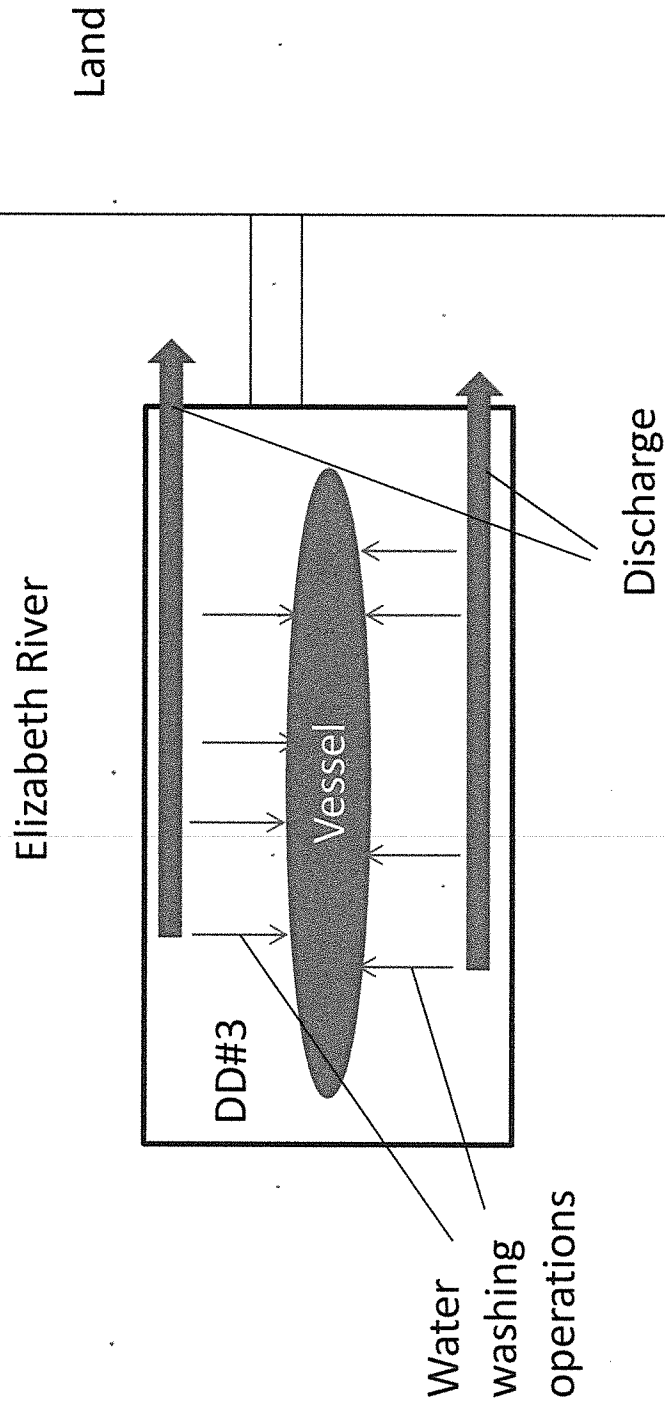
C. Signature



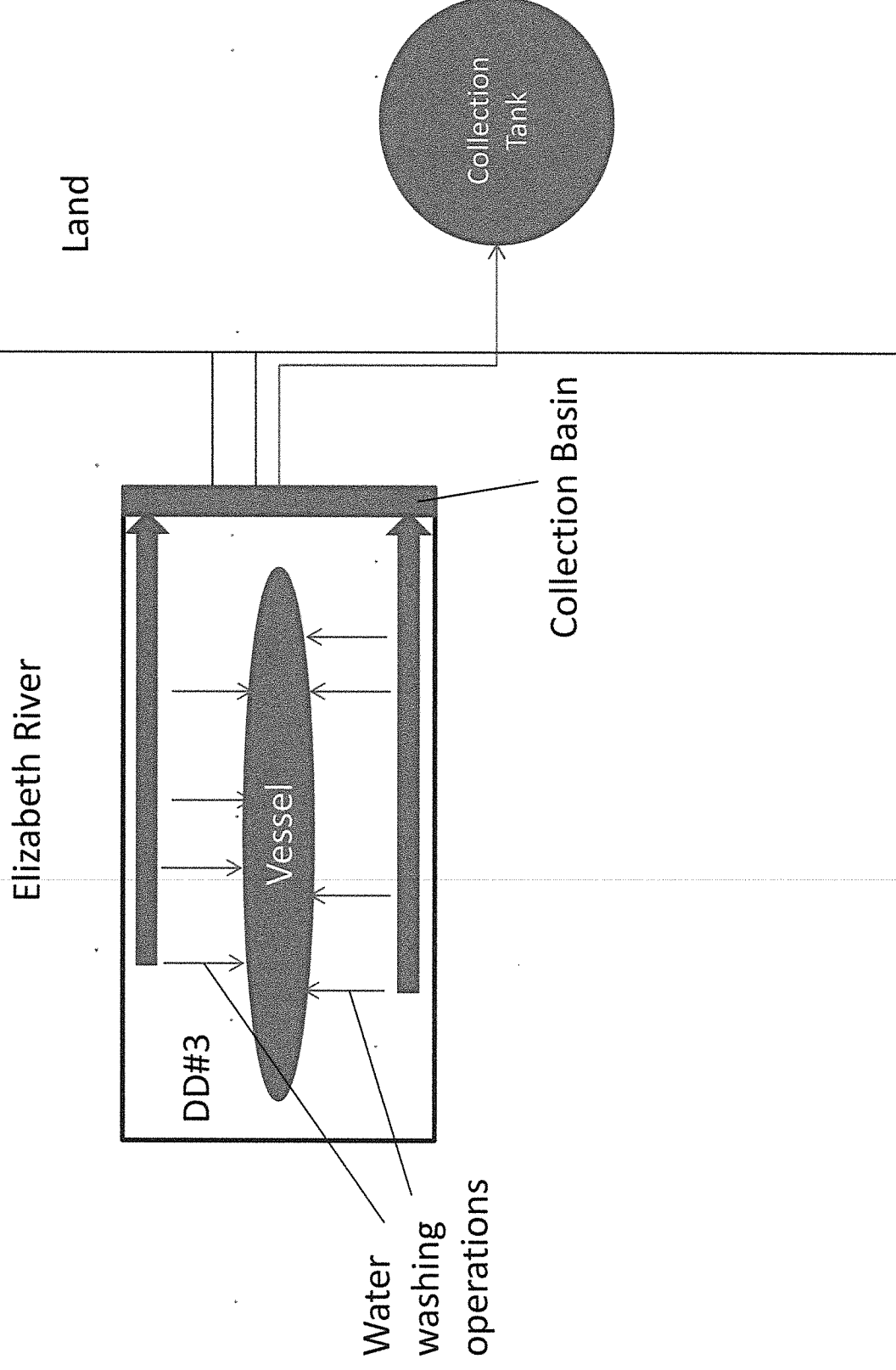
D. Date Signed

05/20/15


DD#3 Water flow (No Collection)



DD#3 Water flow (With Collection)



Please print or type in the unshaded areas only.

FORM 2F NPDES		<div style="text-align: right; font-size: small;"> U.S. Environmental Protection Agency Washington, DC 20460 </div> <div style="text-align: center; font-weight: bold; font-size: large;"> Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity </div>
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Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
901	36.00	841.00	620.00	-76.00	269.00	451.00	Eastern Branch of Elizabeth River
902	36.00	841.00	967.00	-76.00	269.00	272.00	Eastern Branch of Elizabeth River
903	36.00	842.00	334.00	-76.00	267.00	469.00	Eastern Branch of Elizabeth River
904	36.00	842.00	372.00	-76.00	266.00	442.00	Eastern Branch of Elizabeth River
006	36.00	841.00	390.00	-76.00	270.00	620.00	Eastern Branch of Elizabeth River
009	36.00	842.00	196.00	-76.00	267.00	438.00	Eastern Branch of Elizabeth River
011	36.00	843.00	32.00	-76.00	267.00	438.00	Eastern Branch of Elizabeth River
008	36.00	842.00	199.00	-76.00	268.00	968.00	Eastern Branch of Elizabeth River
012	36.00	843.00	198.00	-76.00	266.00	903.00	Eastern Branch of Elizabeth River
See next page >							

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

[illegible]

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

FORM
2F
NPDES



Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

II. Improvements

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
901	Approx. 31,875 sqft	Ap 31,875 sqft	009	Approx. 71,675 sqft	Ap. 71,675 sqft
902	Approx. 67,525 sqft	Ap 67,525 sqft	011	Approx. 52,775 sqft	Ap. 152,775 sqft
903	Approx. 18,675 sqft	Ap 18,525 sqft	013	Approx. 2,000 sqft	Ap. 2,000 sqft
904	Approx. 0 sqft	AP 150,524 sqft	008	Approx. 40,800 sqft	AP. 40,800 sqft
006	Approx. 244,400 sqft	Ap 244,400 sqft	012	Approx. 2,000 sqft	AP. 2000 sqft

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Shipyards spent abrasives- materials are stored in bins on property for hauling to approved sites as needed.
Maritime paints- minimal amount of paint is placed on site to allow for application. Paint waste is drummed and disposed of as Hazardous waste. Paint cans are emptied and hauled to approved sites.
Materials that are ordered are logged by receiving and generally stored inside warehouse(s) prior to job delivery.

007- (NOT LISTED ABOVE) Is inactive. Was a previous city storm drain that does not drain to receiving waters. Rather the entire flow goes to outfall 008. Industrial activity around the outfall consist of moving vehicles and equipment.


010- (NOT LISTED ABOVE) This outfall was placed into the permit based upon a project that was never completed nor will be. The outfall was going to be a drain to discharge to receiving waters. The location of the drain is approx 10ft away from Jones slip and approx 20ft away from Grace bulkhead on the west side of the property. The drain was placed into operation and was connected to outfall 006 for discharge. There are no future plans to change the current arrangement of pipes.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
901, 902, 903, 904, 006, 009, 011, 008, 012, 013	BMPs are required by existing permit. Facility has SWPPP as a condition as the permit	4-C

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Dan Terry		20 MAR 15

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NA

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☒ Yes (list all such pollutants below)

☐ No (go to Section IX)

Total Cu
Total Zn

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ Yes (list all such pollutants below)

☐ No (go to Section IX)

Yes, under current permit requirements acute toxicity test is performed for outfalls 901, 902, and 903. Both shrimp and minnows are utilized.

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Universal Laboratories	220 Research Drive Hampton, VA 23666	757-865-0880	TSS, TPH, Toxicity, Dissolved Cu and Zn.

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print)

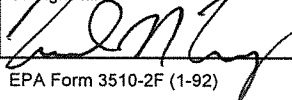
B. Area Code and Phone No.

Dan Terry

757-323-2599

C. Signature

D. Date Signed



20MAR15

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B –	List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.
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Continue on Reverse

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

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EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B –	List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.
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EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

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EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

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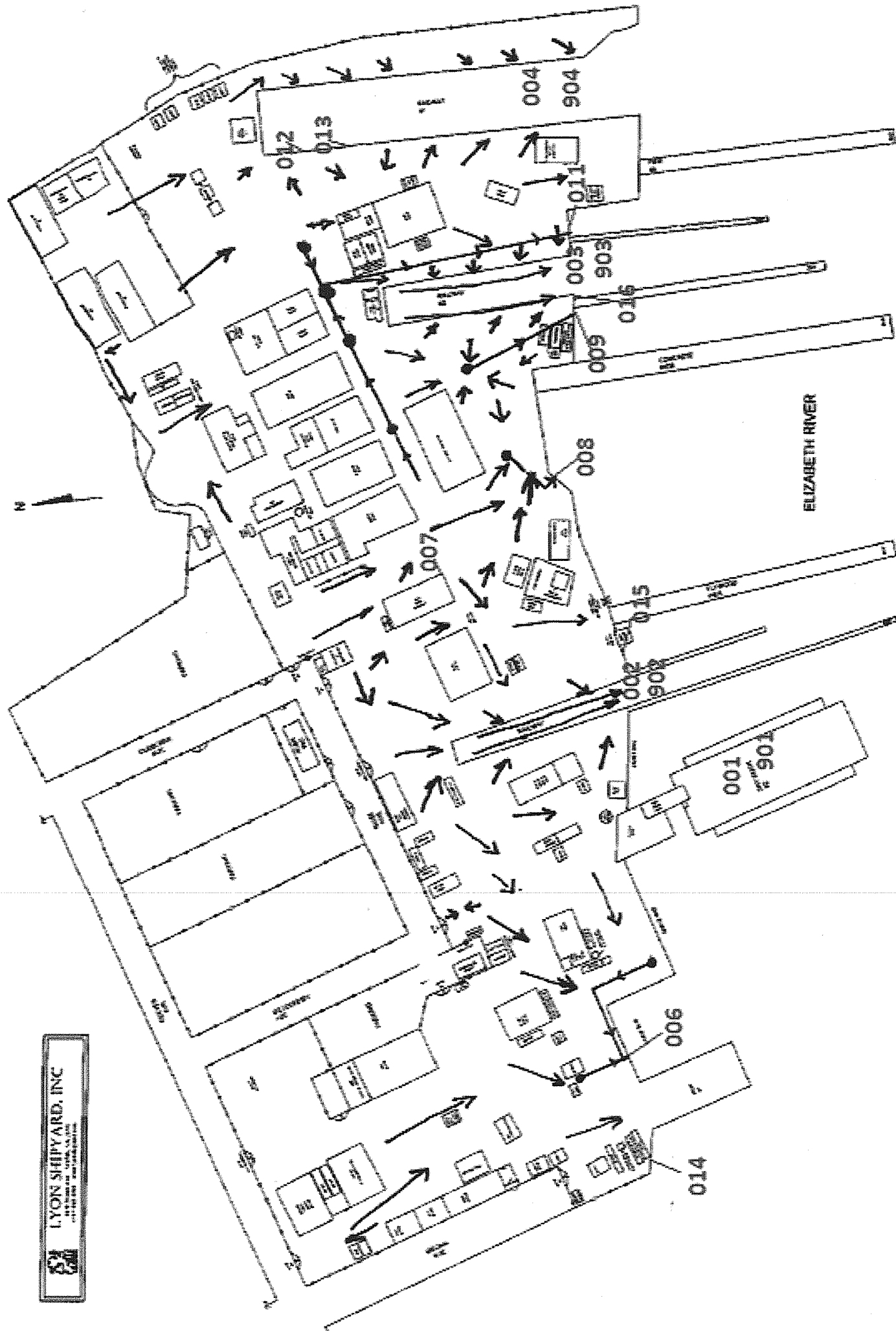
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EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

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EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse



Sample Analysis for form 2F Permit App

	Date	Outfall	Cu (ppb)	ZN(ppb)	TSS (ppm)	pH	temp	TPH DRO	TPH GRO	NN	TKN	TN	TP	COD	BOD5	O&G
1	10/14/2010	92495	901	428	1877	106	6.9	22.6	<0.5	<0.5						
2	1/26/2011	92495	901	35	636	13	7.4	15.5	<0.5	<0.5						
3	6/19/2011	92495	901	16	40	5.3	7.2	21.1	<0.5	<0.5						
4	9/15/2011	92495	901	458	548	47	7.2	19.5	<0.5	<0.5						
5	11/17/2011	92495	901	972	1715	72	7.1	18	0.5	<0.5						
6	3/5/2012	92495	901	158	417	12	7.3	10.8	<0.5	<0.5						
7	4/21/2012	92495	901	70	525	25	7.1	18.1	<0.5	<0.5						
8	9/6/2012	92495	901	281	548	101	7.3	27.3	0.5	<0.5						
9	10/26/2012	92495	901	2083	4439	44	7.3	19.6	0.5	<0.5						
10	2/7/2013	92495	901	698	1118	76	7.5		<0.5	<1						
11	6/3/2013	92495	901	1093	3963	15	7	23.8	<0.5	<0.5						
12	8/1/2013	92495	901	926	4646	162	6.8	23.6	1.9	<0.5						
13	10/7/2013	92495	901	717	1408	129										
14	2/12/2014	92495	901	346	1982	34	6.7	28	0.7	<0.5						
15	4/7/2014	92495	901	247	2570	75	7.4	13.9	0.8	<0.5						
16	8/12/2014	94495	901	198	500	45	6.9	28.3	0.5	<0.5						
17	10/16/2014	94495	901	535	1445	228	6.8	24.8	1.49	<0.5						
18	2/22/2015	94495	901	220	1030	17.7	7.5	4.2	0.7	<0.5	0.62	2.2	2.8	0.24	258.2	<5
Average				526.72	1633.72	67.06	7.14	19.94	0.84	#DIV/0!	0.62	2.20	2.80	0.24	#DIV/0!	#DIV/0!
Max				2083	4646	228	7.5	28.3	1.9	0	0.62	2.2	2.8	0.24	0	0
Min				16	40	5.3	6.7	4.2	0.5	0	0.62	2.2	2.8	0.24	0	0

Sample Analysis for form 2F Permit App

	Date	Outfall	Cu (ppb)	ZN(ppb)	TSS (ppm)	pH	temp	TPH DRO	TPH GRO	NN	TKN	TN	TP	COD	BOD5	O&G
1	11/17/2011	92495	80	396	35	7.4	18.7	<0.5	<0.5							
2	5/15/2012	92495	31	58	6.1	7.1	20.7	<0.5	<0.5							
3	11/26/2013	92495	222	229	76	6.9	25.4	0.7	<0.5							
4	9/8/2014	92495	220	394	26	7.2	24.6	<0.5	<0.5							
5	2/22/2015	92495				7.4	4.3			0.57	1.7	2.3	0.08	72.98	13	<5
Average			138.25	269.25	35.775	7.2	18.7	0.7	#DIV/0!	0.57	1.7	2.3	0.08	72.98	13	#####
Max			222	396	76	7.4	25.4	0.7	0	0.57	1.7	2.3	0.08	72.98	13	0
Min			31	58	6.1	6.9	4.3	0.7	0	0.57	1.7	2.3	0.08	72.98	13	0

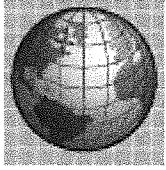
	Date	Outfall	Cu (ppb)	ZN(ppb)	TSS (ppm)	pH	temp	TPH DRO	TPH GRO	NN	TKN	TN	TP	COD	BOD5	O&G
1	10/13/2011	92495	138	90	142	7.7	20.2	<0.5	<0.5							
2	5/15/2012	92495	152	102	561	7.4	20.2	<0.5	<0.5							
3	11/26/2013	92495	592	587	74	6.9	13.3	1.1	<0.5							
4	9/8/2014	92495	114	278	94	6.9	24.4	<0.5	<0.5							
Average			249	264.25	217.75	7.2	19.5	1.1	#DIV/0!	#####	#####	###	####	#####	#####	#####
Max			592	587	561	7.7	24.4	1.1	0	0	0	0	0	0	0	0
Min			114	90	74	6.9	13.3	1.1	0	0	0	0	0	0	0	0

Sample Analysis for form 2F Permit App

	Date	Outfall	Cu (ppb)	ZN(ppb)	TSS (ppm)	pH	temp	TPH DRO	TPH GRO	NN	TKN	TN	TP	COD	BOD5	O&G
1	4/28/2011 92495	6	105	214	23	7.7	19.6	<0.5	<0.5							
2	9/15/2011 92495	6	89	121	58	7.7	19.5	<0.5	<0.5							
3	5/9/2012 92495	6	149	933	350	6.9	20.4	1.1	<0.5							
4	9/6/2012 92495	6	69	82	134	7.7	27.3	<0.5	<0.5							
5	4/12/2013 92495	6	100	784	22	6.8	18.5	0.5	<0.5							
6	8/17/2013 92495	6	882	2620	9.9	6.9	25.7	1.3	<0.5							
7	4/7/2014 92495	6	403	2459	74	7.2	13.8	1.5	<0.5							
8	10/15/2014 92495	6	153	232	58	7.1	25.2	0.8	<0.5							
9	2/22/2015 92495	6	176	870	32.6	8.5	3.8	<0.5	<0.5	0.53	2.2	2.8	0.52	89.39	18	<5
Average			236.2222	923.8889	84.611111	7.4	19.3	1.04	#DIV/0!	0.53	2.2	2.8	0.52	89.39	18	0
Max			882	2620	350	8.5	27.3	1.5	0	0.53	2.2	2.8	0.52	89.39	18	0
Min			69	82	9.9	6.8	3.8	0.5	0	0.53	2.2	2.8	0.52	89.39	18	0

	Date	Outfall	Cu (ppb)	ZN(ppb)	TSS (ppm)	pH	temp	TPH DRO	TPH GRO	NN	TKN	TN	TP	COD	BOD5	O&G
1	4/28/2011 92495	9	56	24	228	7.3	19.6	<0.5	<0.5							
2	10/13/2011 92495	9	104	215	578	7.2	20.8	<0.5	<0.5							
3	4/21/2012 92495	9	73	132	22	7.7	18.2	<0.5	<0.5							
4	9/6/2012 92495	9	60	71	70	7.1	27.3	<0.5	<0.5							
5	4/12/2013 92495	9	494	2905	216	7.2	21.4	3	<0.5							
6	8/17/2013 92495	9	1720	4340	11	7.3	25.4	2.5	<0.5							
7	4/7/2014 92495	9	53	256	4.5	7.6	14.1	<0.5	<0.5							
8	8/12/2014 92495	9	103	243	22	7.3	26.2	0.5	<0.5							
Average			332.875	1023.25	143.9375	7.3	21.6	2	#DIV/0!	####	#####	###	####	#####	#DIV/0!	#####
Max			1720	4340	578	7.7	27.3	3	0	0	0	0	0	0	0	0
Min			53	24	4.5	7.1	14.1	0.5	0	0	0	0	0	0	0	0

	Date	Outfall	Cu (ppb)	ZN(ppb)	TSS (ppm)	pH	temp	TPH DRO	TPH GRO	NN	TKN	TN	TP	COD	BOD5	O&G
1	4/28/2011 92495	11	143	97	322	7	19.6	<0.5	<0.5							
2	10/13/2011 92495	11	134	310	315	7.3	20.8	<0.5	<0.5							
3	4/21/2012 92495	11	46	169	59	7.5	18.6	<0.5	<0.5							
4	9/6/2012 92495	11	46	45	150	7.4	27.3	<0.5	<0.5							
5	4/12/2013 92495	11	92	399	104	7.6	21	0.7	<0.5							
6	8/17/2013 92495	11	129	<5	114	7.5	24.7	0.6	<0.5							
7	4/7/2014 92495	11	86	352	141	7.6	14.1	0.5	<0.5							
8	10/15/2014 92495	11	28	81	95	7	25.1	<0.5	<0.5							
Average			88	207.5714	162.5	7.4	21.4	0.6	#DIV/0!	####	#####	###	####	#####	#DIV/0!	#####
Max			143	399	322	7.6	27.3	0.7	0	0	0	0	0	0	0	0
Min			28	45	59	7	14.1	0.5	0	0	0	0	0	0	0	0



Universal Laboratories
20 Research Drive
Hampton, VA 23666
Phone: 1-800-695-2162

Client Report For: Lyon Shipyard Inc.
Attention: Mr. Dan Terry
Client Address: P.O. Box 2180
Norfolk, VA 23501

Project: OF-901 Permit Application Norfolk Facility
Order Number: 1502365
Report Date: 03/03/2015
Lab Receipt Date: 02/23/2015

Comment: This report contains the analytical results for the indicated Project and Order. The results contained in this report relate only to the samples identified in this Order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

The data in this report has been reviewed and validated by:

Signature

Danny Thambay, Sr.

Name

Project Supervisor

Title

Universal Laboratories**Client:** Lyon Shipyard Inc.**Lab ID:** 1502365-001**Client Sample ID:** OF-901 Grab**Collection Date:** 02/22/2015 01:10**Matrix:** AQUEOUS**Analyses****Biochemical Oxygen Demand (BOD) 5 Day****SM 5210 B (2011)**

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Biochemical Oxygen Demand	>108	mg/L	2	2/28/15 19:54	SW		460036

Chemical Oxygen Demand HACH 8000

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Chemical Oxygen Demand	258.2	mg/L	20	03/2/15 13:42	EK		460036

Nitrogen, Total EPA 351.2/ EPA 353.2

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Nitrate/Nitrite as N	0.62	mg/L	0.1	02/24/2015 20:00	EK		460036
Nitrogen, Total Kjeldahl	2.2	mg/L	0.2	02/24/2015 20:00	EK		460036
Nitrogen, Total	2.8	mg/L	0.2	02/24/2015 20:00	EK		

Oil and Grease EPA 1664A

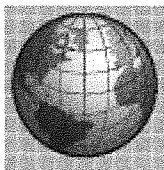
	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Oil and Grease	ND	mg/L	5	2/25/15 15:10	LS		460036

Phosphorus, Total EPA 365.1

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Phosphorus, Total	0.24	mg/L	0.02	02/23/2015 17:56	EK		460036

Glossary of Terms and Abbreviations

B	Analyte was found in the method blank
D	RPD outside acceptable limits
H	Holding time exceeded
IS	Internal standard outside acceptable limits
J	Result above calibration curve - results are approximate
L	LCS Outside acceptable limits
MI	Matrix interference
MS	Matrix spike recovery outside acceptable limits
QC	Method QC criteria not met
S	Surrogate outside acceptable limits
V	ICV/CCV/FCV outside acceptable limits
Calibration Verification (Initial, Continuing, or Final)	A standard analyzed at different times to verify that the initial calibration curve is still valid.
Holding Time	The maximum time that samples may be held prior to analysis and still be considered valid or not compromised.
Internal Standard	A known amount of standard added to a test portion of a sample as a reference for evaluating and controlling the precision and bias of the applied analytical method.
LCS (Laboratory Control Sample)	A sample matrix, free from the analytes of interest, spiked with verified known amounts of analytes or a material containing known and verified amounts of analytes.
Method Blank	A sample of a matrix similar to the batch associated samples (when available) that is free from the analytes of interest and is processed simultaneously with and under the same conditions as samples.
MS/MSD (Matrix Spike or Matrix Spike Duplicate)	A sample prepared by adding a known mass of target analyte to a specified amount of matrix sample for which an independent estimate of target analytes concentration is available. Matrix Spikes are used, for example, to determine the effect of the matrix on a method's recovery efficiency.
RL (Reporting Limit)	The minimum levels, concentrations, or quantities of a target analyte that can be reported within a specified degree of confidence. Generally, this number is equal to or just above the lowest calibration standard run with the analytical batch.
RPD (Relative Percent Difference)	The difference between a set of duplicates or sample spike duplicates.
Surrogate	A substance with properties that mimic the analyte of interest. It is unlikely to be found in environmental samples and is added to them for quality control purposes in Organics.



Universal Laboratories
20 Research Drive
Hampton, VA 23666
Phone: 1-800-695-2162

Client Report For: **Lyon Shipyard Inc.**
Attention: Mr. Dan Terry
Client Address: P.O. Box 2180
Norfolk, VA 23501

Project: **OF-902 Permit Application Norfolk Facility**
Order Number: **1502371**
Report Date: 03/03/2015
Lab Receipt Date: 02/23/2015

Comment: This report contains the analytical results for the indicated Project and Order. The results contained in this report relate only to the samples identified in this Order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

The data in this report has been reviewed and validated by:

 Signature

Dana Thornton, Sr. Name

Project Supervisor Title

Universal Laboratories**Client:** Lyon Shipyard Inc.**Lab ID:** 1502371-001**Client Sample ID:** OF-902 Grab**Collection Date:** 02/22/2015 01:30**Matrix:** AQUEOUS**Analyses****Biochemical Oxygen Demand (BOD) 5 Day****SM 5210 B (2011)**

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Biochemical Oxygen Demand	13	mg/L	2	2/28/15 19:54	SW		460036

Chemical Oxygen Demand HACH 8000

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Chemical Oxygen Demand	72.98	mg/L	20	03/2/15 13:42	EK		460036

Nitrogen, Total EPA 351.2/ EPA 353.2

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Nitrate/Nitrite as N	0.57	mg/L	0.1	02/24/2015 20:00	EK		460036
Nitrogen, Total Kjeldahl	1.7	mg/L	0.2	02/24/2015 20:00	EK		460036
Nitrogen, Total	2.3	mg/L	0.2	02/24/2015 20:00	EK		

Oil and Grease EPA 1664A

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Oil and Grease	ND	mg/L	5	2/25/15 15:10	LS		460036

Phosphorus, Total EPA 365.1

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Phosphorus, Total	0.08	mg/L	0.02	02/23/2015 17:56	EK		460036

Glossary of Terms and Abbreviations

B	Analyte was found in the method blank
D	RPD outside acceptable limits
H	Holding time exceeded
IS	Internal standard outside acceptable limits
J	Result above calibration curve - results are approximate
L	LCS Outside acceptable limits
MI	Matrix interference
MS	Matrix spike recovery outside acceptable limits
QC	Method QC criteria not met
S	Surrogate outside acceptable limits
V	ICV/CCV/FCV outside acceptable limits
Calibration Verification (Initial, Continuing, or Final)	A standard analyzed at different times to verify that the initial calibration curve is still valid.
Holding Time	The maximum time that samples may be held prior to analysis and still be considered valid or not compromised.
Internal Standard	A known amount of standard added to a test portion of a sample as a reference for evaluating and controlling the precision and bias of the applied analytical method.
LCS (Laboratory Control Sample)	A sample matrix, free from the analytes of interest, spiked with verified known amounts of analytes or a material containing known and verified amounts of analytes.
Method Blank	A sample of a matrix similar to the batch associated samples (when available) that is free from the analytes of interest and is processed simultaneously with and under the same conditions as samples.
MS/MSD (Matrix Spike or Matrix Spike Duplicate)	A sample prepared by adding a known mass of target analyte to a specified amount of matrix sample for which an independent estimate of target analytes concentration is available. Matrix Spikes are used, for example, to determine the effect of the matrix on a method's recovery efficiency.
RL (Reporting Limit)	The minimum levels, concentrations, or quantities of a target analyte that can be reported within a specified degree of confidence. Generally, this number is equal to or just above the lowest calibration standard run with the analytical batch.
RPD (Relative Percent Difference)	The difference between a set of duplicates or sample spike duplicates.
Surrogate	A substance with properties that mimic the analyte of interest. It is unlikely to be found in environmental samples and is added to them for quality control purposes in Organics.

1232051

UNIVERSAL LABORATORIES

Phone: (757) 865-0880
Fax: (757) 865-8014

Company Lyon Shipyard
Street/Box 1818 Brown Ave.
City/State Norfolk VA
Phone 757-323-2599 Fax
Contact: Dan Terry
Job No. / P.O. No.

[illegible]

Comments:

Due Date:

Cooler Temp at LI 100 pres V 22

Possible Hazards:

Express Service Approval.Disposal: Lab ☐ Client ☐ Charge ☐

Received By	Signature	Company	Date/Time
Relinquished By	Signature	Company	Date/Time
Received By	Signature	Company	Date/Time
Relinquished By	Signature	Company	Date/Time
Received By	Signature	Company	Date/Time

Work Order No.	
Delivery Order	
Trans <input type="checkbox"/>	P.U. <input type="checkbox"/> Grab <input type="checkbox"/> Comp <input type="checkbox"/>
Shipping/Delivery Charges	
Composite Start	Composite Stop



Universal Laboratories
20 Research Drive
Hampton, VA 23666
Phone: 1-800-695-2162

Client Report For: **Lyon Shipyard Inc.**
Attention: Mr. Dan Terry
Client Address: P.O. Box 2180
Norfolk, VA 23501

Project: **OF-006 Permit Application Norfolk Facility**
Order Number: **1502368**
Report Date: 03/03/2015
Lab Receipt Date: 02/23/2015

Comment: This report contains the analytical results for the indicated Project and Order. The results contained in this report relate only to the samples identified in this Order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

The data in this report has been reviewed and validated by:

Signature

Name

Title

Universal Laboratories**Client:** Lyon Shipyard Inc.**Lab ID:** 1502368-001**Client Sample ID:** OF-006 Grab**Collection Date:** 02/22/2015 01:25**Matrix:** AQUEOUS**Analyses****Biochemical Oxygen
Demand (BOD) 5 Day****SM 5210 B (2011)**

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Biochemical Oxygen Demand	18	mg/L	2	2/28/15 19:54	SW		460036

Chemical Oxygen Demand HACH 8000

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Chemical Oxygen Demand	89.39	mg/L	20	03/2/15 13:42	EK		460036

Nitrogen, Total EPA 351.2/ EPA 353.2

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Nitrate/Nitrite as N	0.53	mg/L	0.1	02/24/2015 20:00	EK		460036
Nitrogen, Total Kjeldahl	2.2	mg/L	0.2	02/24/2015 20:00	EK		460036
Nitrogen, Total	2.8	mg/L	0.2	02/24/2015 20:00	EK		

Oil and Grease EPA 1664A

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Oil and Grease	ND	mg/L	5	2/25/15 15:10	LS		460036

Phosphorus, Total EPA 365.1

	<u>Test Result</u>	<u>Unit</u>	<u>RL</u>	<u>Analysis Date</u>	<u>Analysis By</u>	<u>Qualifier</u>	<u>Cert #</u>
Phosphorus, Total	0.52	mg/L	0.02	02/23/2015 17:56	EK		460036

Glossary of Terms and Abbreviations

B	Analyte was found in the method blank
D	RPD outside acceptable limits
H	Holding time exceeded
IS	Internal standard outside acceptable limits
J	Result above calibration curve - results are approximate
L	LCS Outside acceptable limits
MI	Matrix interference
MS	Matrix spike recovery outside acceptable limits
QC	Method QC criteria not met
S	Surrogate outside acceptable limits
V	ICV/CCV/FCV outside acceptable limits
Calibration Verification (Initial, Continuing, or Final)	A standard analyzed at different times to verify that the initial calibration curve is still valid.
Holding Time	The maximum time that samples may be held prior to analysis and still be considered valid or not compromised.
Internal Standard	A known amount of standard added to a test portion of a sample as a reference for evaluating and controlling the precision and bias of the applied analytical method.
LCS (Laboratory Control Sample)	A sample matrix, free from the analytes of interest, spiked with verified known amounts of analytes or a material containing known and verified amounts of analytes.
Method Blank	A sample of a matrix similar to the batch associated samples (when available) that is free from the analytes of interest and is processed simultaneously with and under the same conditions as samples.
MS/MSD (Matrix Spike or Matrix Spike Duplicate)	A sample prepared by adding a known mass of target analyte to a specified amount of matrix sample for which an independent estimate of target analytes concentration is available. Matrix Spikes are used, for example, to determine the effect of the matrix on a method's recovery efficiency.
RL (Reporting Limit)	The minimum levels, concentrations, or quantities of a target analyte that can be reported within a specified degree of confidence. Generally, this number is equal to or just above the lowest calibration standard run with the analytical batch.
RPD (Relative Percent Difference)	The difference between a set of duplicates or sample spike duplicates.
Surrogate	A substance with properties that mimic the analyte of interest. It is unlikely to be found in environmental samples and is added to them for quality control purposes in Organics.

Please print or type in the unshaded areas only.		EPA ID Number (copy from Item 1 of Form 1) VAD003177003		Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.			
FORM <div style="font-size: 2em; font-weight: bold;">2E</div> NPDES		<div style="display: inline-block; vertical-align: middle;"> Facilities Which Do Not Discharge Process Wastewater </div>					
I. RECEIVING WATERS							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
016	36.00 +	84.00 +	96.00 +	-76.00 +	26.00 +	48.00 +	Eastern Branch Elizabeth River
II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)							
III. TYPE OF WASTE							
A. Check the box(es) indicating the general type(s) of wastes discharged.							
<input type="checkbox"/> Sanitary Wastes <input type="checkbox"/> Restaurant or Cafeteria Wastes <input type="checkbox"/> Noncontact Cooling Water <input checked="" type="checkbox"/> Other Nonprocess Wastewater (Identify)							
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. Outfall is used for fire suppression pumps which draw water from the Elizabeth River for the means of fighting fires. No additives are used in the process of intake or discharge							
IV. EFFLUENT CHARACTERISTICS							
A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions). B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).							
Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)	
Biochemical Oxygen Demand (BOD)							
Total Suspended Solids (TSS)							
Fecal Coliform (if believed present or if sanitary waste is discharged)							
Total Residual Chlorine (if chlorine is used)							
Oil and Grease							
*Chemical oxygen demand (COD)							
*Total organic carbon (TOC)							
Ammonia (as N)							
Discharge Flow	Value						
pH (give range)	Value						
Temperature (Winter)			°C				
Temperature (Summer)			°C				
*If noncontact cooling water is discharged							

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, briefly describe the frequency of flow and duration.			
Used only in the case of fire emergency or testing.			
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)			
NA			
VII. OTHER INFORMATION (Optional)			
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.			
VIII. CERTIFICATION			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
A. Name & Official Title		B. Phone No. (area code & no.)	
Dag Terry Asst Environmental Manager		757-323-2599	
C. Signature		D. Date Signed	
[Signature]		23 MAR 15	

Please print or type in the unshaded areas only.		EPA ID Number (copy from Item 1 of Form 1) VAD003177003		Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.			
FORM <div style="font-size: 2em; font-weight: bold;">2E</div> NPDES		<div style="display: inline-block; vertical-align: middle;"> Facilities Which Do Not Discharge Process Wastewater </div>					
I. RECEIVING WATERS							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude			Longitude		Receiving Water (name)	
	Deg	Min	Sec	Deg	Min	Sec	
015	36.00 +	84.00 +	87.00 +	-76.00 +	26.00 +	96.00 +	Eastern Branch Elizabeth River
II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)							
III. TYPE OF WASTE							
A. Check the box(es) indicating the general type(s) of wastes discharged.							
<input type="checkbox"/> Sanitary Wastes <input type="checkbox"/> Restaurant or Cafeteria Wastes <input type="checkbox"/> Noncontact Cooling Water <input checked="" type="checkbox"/> Other Nonprocess Wastewater (Identify)							
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. Outfall is used for fire suppression pumps which draw water from the Elizabeth River for the means of fighting fires. No additives are used in the process of intake or discharge							
IV. EFFLUENT CHARACTERISTICS							
A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions). B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).							
Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(4) Source of Estimate (if new discharger)	
	Mass	Concentration	Mass	Concentration			
Biochemical Oxygen Demand (BOD)							
Total Suspended Solids (TSS)							
Fecal Coliform (if believed present or if sanitary waste is discharged)							
Total Residual Chlorine (if chlorine is used)							
Oil and Grease							
*Chemical oxygen demand (COD)							
*Total organic carbon (TOC)							
*Ammonia (as N)							
Discharge Flow	Value						
pH (give range)	Value						
Temperature (Winter)			°C				
Temperature (Summer)			°C				
*If noncontact cooling water is discharged							

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.		<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
Used only in the case of fire emergency or testing.		
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		
NA		
VII. OTHER INFORMATION (Optional)		
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.		
VIII. CERTIFICATION		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
A. Name & Official Title <div style="display: flex; justify-content: space-between;"> Dan Terry Asst. Environmental Manager </div>		B. Phone No. (area code & no.) 757-323-2599
C. Signature 		D. Date Signed 13 MAR 15

Please print or type in the unshaded areas only.		EPA ID Number (copy from Item 1 of Form 1) VAD003177003		Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.			
FORM <div style="font-size: 2em; font-weight: bold;">2E</div> NPDES		<div style="display: inline-block; vertical-align: middle;"> <h2 style="margin: 0;">Facilities Which Do Not Discharge Process Wastewater</h2> </div>					
I. RECEIVING WATERS							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
014	36.00 +	84.00 +	15.00 +	-76.00 +	27.00 +	12.00 +	Eastern Branch Elizabeth River
II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)							
III. TYPE OF WASTE							
A. Check the box(es) indicating the general type(s) of wastes discharged.							
<input type="checkbox"/> Sanitary Wastes <input type="checkbox"/> Restaurant or Cafeteria Wastes <input type="checkbox"/> Noncontact Cooling Water <input checked="" type="checkbox"/> Other Nonprocess Wastewater (Identify)							
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. Outfall is used for fire suppression pumps which draw water from the Elizabeth River for the means of fighting fires. No additives are used in the process of intake or discharge							
IV. EFFLUENT CHARACTERISTICS							
A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions). B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).							
Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)	
Biochemical Oxygen Demand (BOD)							
Total Suspended Solids (TSS)							
Fecal Coliform (if believed present or if sanitary waste is discharged)							
Total Residual Chlorine (if chlorine is used)							
Oil and Grease							
*Chemical oxygen demand (COD)							
*Total organic carbon (TOC)							
Ammonia (as N)							
Discharge Flow	Value						
pH (give range)	Value						
Temperature (Winter)			°C				
Temperature (Summer)			°C				
*If noncontact cooling water is discharged							

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.		<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
Used only in the case of fire emergency or testing.		
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		
NA		
VII. OTHER INFORMATION (Optional)		
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.		
VIII. CERTIFICATION		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
A. Name & Official Title <div style="display: flex; justify-content: space-between;"> Dan Jerry Asst. Environmental Manager </div>		B. Phone No. (area code & no.) 757-323-2599
C. Signature 		D. Date Signed 23 MAR 15